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## ORIGINAL ARTICLES.

### NERVOUS MATTER, WHAT IS IT?—THE CORTEX CEREBRI.

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THE consideration of the connection of the nerves of special sense with the cortex of the brain is most important in the line of our investigation, because by it we hope to show, not only the intimate relations existing between the two, but also to try and discover why it is that stimulating effects made upon the one are readily transferred to and make their impressions upon the other, and thereby produce the mental, physical and other phenomena that are so often visible. As before, it will be necessary to briefly review the anatomical microscopic structure of the cortex to determine, in the first place, the material nature of the agencies by which the powers of the cortex are produced and made manifest, and in the next to show the avenues of communication through which extraneous impulses from the special senses are conveyed to the mental factor of the brain, the cortex cerebri. Before proceeding to inquire into the material nature of these agencies, let us fortify ourselves with the conviction and belief that, according to common consent, all or nearly all of the conscious mental processes of which the brain is capable, take place in its cortical region. That it is the alembic wherein the processes of mentality and intellect are generated, refined and sublimated, and subsequently projected through the intricate mazes of the "corona radiata" and the "association fibers," which lie immediately beneath the cortex, and which bring all parts of the brain into communication with each other, thereby coördinating thought, motion, sensation and all other powers appertaining to this complex and wondrous organ of the mind. According to the most recent microscopic suggestions of the physical plan of the cortex, "Just under the pia mater there lies a layer of neuroglia with glia cells. This contains a thick network of very fine medullary fibers. Next come the real ganglion-cells of the cortex, pyramidal in shape, sending out apex and lateral processes and axis cylinders. Everywhere in the cortex there are, according to Golgi, cells with branched and unbranched axis cylinders, the majority of the processes directed inward towards the white substance of the hemispheres. The

deeper we go into the cortex, the larger do the pyramidal cells become, and the longer their apex processes. Successive layers of the cortex appear, filled with cells increasing in size, and called cortical pyramids, and finally we observe vast numbers of medullated nerve-fibers."

We have given enough of the microscopic physico-anatomical structure of the cortex to determine this one pregnant fact, viz., that the material agencies of the cortex whereby it generates its powers consist essentially of cells deposited in layers of neuroglia and glia-cells, and intermingled and associated with innumerable medullary fibers, "association fibers," and those of the "corona radiata," passing in every direction, and consolidating and uniting in a compact mass all portions of the brain and its appurtenances. And now, may we dare venture to answer the original question propounded in these investigations, viz., "Nervous matter, what is it?" by declaring it to be the product of neuro-cell proliferation, and that all the powers that reside in that marvelous and mysterious department of man's organization—his brain and its associations—owe their genesis, their growth and their manifestation to cell agency, and by and through cell-agency alone. To return a moment to the analogue already expressed of the result of atomic cosmogenic approximation and aggregation in completing terrestrial solidarity, so does the perfected man owe his being, and all of the powers appertaining to and representing his mental, moral, physical, emotional and, if you choose, psychic or spiritual existence to the subtle and unceasing operations of those silent artificers within him, perpetually renewing him, building him up and sustaining and protecting him against the insidious approaches of his natural foes—disease and death. We have used the word psychic, or spiritual, in connection with these operations that are constantly taking place in man's physical organization, but solely in the sense of their mysterious potentiality. We are well aware that the hyper-sensitive spiritualist and disciple of the supernatural and inscrutable "arcana" that hide from us the impenetrable mysteries of the unseen world beyond, would scorn the base alliance with such material and degrading animality; but we, of grosser sensibility, who do not pretend to know what the immortal "ψυχή" is, or the "Divinus afflatus" with which we are interpenetrated, and who have devoted years to the close study and teach-

ing of the perfections of the human body, and the marvelous adaptation of its integral powers, elementary and other, to the purposes of its existence, must fain be content to give our admiration and allegiance to the wondrous operations of these material agencies. Is it not a higher and a nobler conception of the Great Creator that He has instituted inflexible laws by whose unerring instrumentality worlds are made and kept in existence? That when He said "Fiat lux" "Let there be light," there was light, and that light has illumined the world through the ages, and will until time shall be no more. We would say to our spiritualistic friend that we would rather contemplate the great Artificer of the Universe as having originally made the primordial cell and from it fashioned a living creature upon whom He stamps the impress of His own image, than that He should manifest Himself by the usual spiritualistic methods of table-rapping, playing on banjos and guitars and painting spook pictures. We do not, as did the old French philosopher Descartes, locate the human soul in the pineal gland, perched upon the corpora quadrigemina, like a coachman on his box, and with the two white streaks of medullary matter, called the habenæ, or reins, guiding and directing the powers and forces of the mind and body, but we look from Nature up to Nature's God, and leave the solution of the ultimate destiny of the more immaterial and immortal principle within us to the omniscience and omnipotence that is beyond our ken. Before returning to our legitimate task, the special senses and their cerebral associations, we desire to interject a few thoughts that seem to come in appositely here in relation to the cortex as the instrument of the mind. Let us appeal to a few facts in pathology to help us out in our undertaking. We will take the disease known as "aphasia," or loss of the powers of speech. Meynert describes this lesion as a "loss of ideo-motor co-ordination." He also calls it "a fracture of the psycho-motor centers." In other words, a lesion has occurred by which a separation or loss of continuity has taken place between that portion of the cortex which is the factor of the power of speech and the fibers of the "corona radiata," and the series of association fibers by which the power is conveyed, and the loss of co-ordinate speech is the result. Not only so, but in many cases of aphasia, in addition to the loss of speech, there is also an impairment or abolition, according to the extent of the lesion, of the power of writing—agraphia; of reading—alegia; of singing—acania, and other lingual faculties.

The victim, too, is subject to fits of weeping, expresses himself in a childish manner, etc. As is now well-known, the lesion producing these deficiencies of speech is located in the posterior part, or foot of the third left frontal convolution—Broca's convolution. But this is not absolute.

Aphasia may occur from a lesion in the "Island of Reil," in the right hemisphere—and in other localities, this, however, will be more fully considered in connection with the faculty of speech proper and its own individual cerebral and nervous associations. We might quote also from the records of pathology, and site the successive disintegration and destruction of different portions of the cortex in epilepsy, idiopathic and hereditary, in locomotor ataxia, by which, by a process of sclerosis or hardening of the cell deposits, beginning in the spinal cord and extending upward, invading the brain, its cortical structure, its medullary association fibers, the corona radiata and the ganglionic deposits centrad of the cortex, until the patient finally lapses into chaotic and helpless and hopeless imbecility and death, whose coming has been foretold by the gradual extinction of one faculty after another, finally closes the scene.

We would simply advert here to the different forms of insanity as having their "raison d'être" in lesions of the cortex primarily, and secondly in disintegration of more central cerebral localities, and would cite the discovery of Tuczeck of the wasting and successive destruction and disappearance of the layers of the cortex from above downward in progressive paralysis of the insane. A subject so vast as this, however, can not find its expression in journalistic limits, and it would be presumptuous to do more than merely advert to it here, and foreign to the purpose of our present inquiry, it must be left to future investigation. One word more in this direction, and we pass on to our original subject matter. The microscope teaches us that the cell recreates or reproduces itself by virtue of the vitality of its own trophic elements. That being so, can there be a corresponding cell-decadence and death. In other words, does the parent cell die in the throes of its own parturition and reproduction, and if the cells of the cortex are the instrumental agents of thought and of all other manifestations of intellection, is there a regular absorption of the debris of cells to be followed by cell replacement and rehabilitation whereby intellectual waste is repaired, and if not repaired to result in the impairment or abolition of a function or a faculty, hence deficiencies in memory, in language, in calculation, the malposition and malinterpretation of words, the lapse of syllogistic reasoning, etc., and finally do the processes of cell-decay and repair proceed "pari passu?" If the osteoblast—οστεον βλαστημα—bone bud or cell, begets bone, the myoblast—μυον βλαστημα—muscle bud or cell, begets muscle, and the neuroblast—νευρον βλαστημα—nerve bud or cell, begets nervous matter, as they surely do, why should not the neuroblast beget, not only nervous matter "per se," but also that specific and marvellous form of it which in the cortex of the brain may be designated the φρην, or νοον βλαστημα,

mind bud or cell, and which in its turn begets intellection and all the other powers and faculties of the mind. In other words, is the cortical neuroblast the essential factor of mentality? Is not this hypothesis—if it be that and nothing more—more reasonable than the old idea of the production of thought by electricity, almost as old as the discovery of electricity itself from the amber. The “*λακρόν*” of the Greek? Or the other idea of the elimination of [mental power by the “molecular agitation of the granules or molecules of the brain,” so that whenever a thought was born or came into existence, it was attended by a crackling and reverberating sparkle or the cranium—became a box of rattles, so to speak, set in motion by cerebro-molecular agitation and restlessness!

We have spoken of these as natural, healthful and physiological processes. Let us now contrast them with those of a morbid or pathological character. If it be true that in different forms of insanity there are cadaveric indications of atrophic hypo-cell proliferation or cell deficiency and decay as in paresis, ramolissement, melancholia, monomania, hereditary insanity, disintegration of the cerebral cortex and other central localities from anxiety, care, overwork, brain fag long continued, excessive indulgence in sexual passions normal and abnormal, abuse of alcoholic intoxicants, of poisonous drugs, etc., is it also equally true that in hypertrophic or undue cell proliferation we may discover the “*fons et origo mali*” of morbid products, such as cancer, osteo sarcoma, malacosteon, tumors of all kinds, etc. What is paralysis but the interruption of neuro-cell continuity, involving loss of sensation and motion, of vaso-motor power with lowering of animal heat and other results of circulatory impediment and obstruction, atrophy and impairment of muscular motility, to say nothing of the perturbation, disturbance and perversion of secretion, excretion, absorption and other vital functions, should the paralysis invade the domain wherein they are performed. But we must get away from these most fascinating and interesting suggestions, and come down to the “hard-pan” of our text, the special senses and their relations to the rest of the nervous system.

We have followed the first member of the trinitarian group of olfaction, the olfactory nerve proper, through all its devious course from its points of origin, inward to the nostrils, and also through the mazes of its cerebro-cortical associations. We have especially devoted it to the perception and conveyance to the “*sensorium commune*” of odors and vapors of a certain class, and gross in character. But let us not by any means suppose that its functional properties are restricted to them alone. There still remains a host of retroactive influences to be considered, and to which, in default of a better, we would

give the name of diffusive and sympathetic or emotional, if you will accept the term. We have declared that the sense of olfaction is trinitarian, that is, that it is composed of three distinct members, and inasmuch as all the group arise from, and are intimately connected with, various portions of the encephalon, so do we find them endowed with a diversity of power, and their manifestations, and the evidences of their nerve-force throughout the body, various and protean.

This being so, of course, in order to comprehend the completeness of the olfactory influences, the other two members of the group must pass in review, as did the first, and the endowments they have received from cerebro-cortical, cerebellar central, spinal and other contributions be subjected to the same critical scrutiny as in the case of the first member of the group. The second member of the olfactory trinity, then, is the next in order for our consideration, and we shall find that it comes from an entirely different source from that which supplies the first. Not only so, but through it the olfactory sense receives a power and a functional influence of an entirely different character, purely sensory and of a more refined and subtle nature. Even a cursory inspection of the basial surface of the brain brings into view very many objects of the greatest interest. Among them there is not one more worthy of consideration than that which engages our present thought and inquiry. We have supplied the olfactory sense with the capacity to receive and appropriate all odorous emanations of the grosser and more repulsive orders. It now demands an instrument or agent by which it may be refreshed by the more refined and exquisite exhalations coming fragrant and sweet from Flora's bounteous fingers, or, in the language of the poet, “wafting through the balmy gales the spices, frankincense and myrrh of Araby the blest.” Let us again turn to our anatomy and find this second member of the trinity. All of us are familiar with the large and protuberant body projecting from the surface of the brain, and forming a bond of union between cerebrum, cerebellum, medulla oblongata and spinal cord, and variously called pons varolii, tuber annulare, mesencephalon, nodus encephali, etc. It represents a mass of medullary matter interposed between the portions of the brain just named, and by its fibers of communication and ramification binding them together in one compact and continuous whole and so helping in coördinating and projecting the mental, physical and all other of the forces and powers that are continually seething in this wonderful instrument of the mind. Emerging from the pons, and seemingly connected with it intimately, are two of the largest of the cranial nerves. They are named trigemius and trifacial from their subsequent triple subdivision and ultimate destination to the face,

eye, etc., and are the special sensory nerves of those parts, besides possessing also a certain motor power. The connections of these nerves, however, are by no means confined to the pons. According to Edinger, "The main part of the trigeminus, the sensory portion, gets but very few fibers from the pons. They come rather from all levels above the cervical spinal cord, up to its point of emergence from the brain. There are fasciculi from the direct sensory cerebellar tract. It receives masses of fibers from the raphé across the floor of the rhomboidal fossa. There is also an enlargement of the substantia gelatinosa at its cerebral termination, *the sensory nucleus of the trigeminus.*"

It has also connections with the medulla oblongata, corpora restiformia, wall of the fourth ventricle, calamus scriptorius, etc. This large root of the trigeminus now passes forward and soon becomes incorporated with a ganglionic body, the ganglion of Gasser, after emerging from which its triple subdivision takes place. We have been thus prolix in indicating the brain associations of the trigeminus, the utility of which will be seen when we come to consider this nerve in its various functions and influences upon the expressions of the face, both in health and disease. Let us call to mind here the resemblance of ganglionic association between this nerve and the posterior roots of the spinal nerves, and, as we shall see later the same as respects the great sympathetic. We would ask the indulgence of the reader for a short divergence at this point, but it will be in the same line of thought, and also in order to reason a little with him in relation to these peculiarities of association and distribution of nerves. If he will remember, we started in these investigations to find out about these nervous mysteries, if we could, and proclaimed our ignorance of them by propounding the question, "nervous matter, what is it?" and ever since we've been trying to solve that knotty question. The books don't help us. They tell us what it does and pathology, better than all, tells us what it doesn't do, and can not do when disease shall have put its deadly fingers upon it. What does it mean, when nerves coming from different sources or localities meet together before they are permitted to pass on to their various destination, as in a plexus for example? Why are they not permitted to proceed singly and individually? Why must they meet in a plexus in solemn conclave, as it were, and after holding communication with each other to go on their several ways distributing themselves, and contributing here and there of the power that is within them. What is a plexus, and what are its uses? Who can tell! Let us take the brachial plexus and see what we can find out about it. As we know the name of brachial plexus is given to a congregation of large nerves coming from the lower cervical and upper dorsal

regions of the cord and immediately passing on their way to the lower lateral region of the neck, and there meeting and forming a plexus or knot. In the first place let us try to discover what they are, if they are all alike, first physically, next functionally. Sir Charles Bell, Majendie and Amusat settled the doubt as to the latter question, long ago, by discovering that they differed most essentially in the character of the power they conveyed, and by exhaustive experiment assigned motility to those coming from the anterior columns of the cord, and the property of sensation to those attached to the posterior columns. That was'nt all. It was also detected that there was a peculiar little body attached to the posterior spinal nerves that did not belong equally to the anterior, and inasmuch as the anterior nerves proved to be motor and the posterior sensory, did these little bodies have anything to do with the power of sensation that had been found to be their specific attribute. Do we not here trace the resemblance between these nerves of the spinal cord and the motor and sensory portions of the trigeminus. Of course all this is a twice-told tale to the reader, but can he tell us why it is that these little appendages to the one class of nerves give a functional property that is withheld from the other. Are they not like Winslow's, "petits cerveaux" little brains of the sympathetic that we have already alluded to. What does cellulology teach us of them in these more advanced days of scientific microscopy? It teaches that they are ganglia consisting of groups of cells representing small batteries of reinforcement, possessing a peculiar vitality, connected with other groups of cells hidden away in the recesses of the cord, and by their afferent and efferent powers holding constant communication with other portions of the cord throughout its whole length, and more effectively still through the media of the abounding network of the "association fibers and the corona radiata, maintaining close and uninterrupted intercourse—except when invaded by disease—with the great factor of the mind, the cortex cerebri.

Now let us return to our plexus and commune together for a moment, and see what we can learn of its purpose and its "raison d'être." We can not escape from the fact that Nature had a special design in bringing these nerves together in this close fashion! We know that they are not only in close juxtaposition, but that fibers from the one pass into the sheath of the other, and establish so close an intimacy that they become interwoven and inextricably interblent the one with the other. Why? Do they impart some mysterious power to each other, and if so, what is the nature of it? Is it electric, is it magnetic, does it propagate molecular movement or agitation? Is it emotional or vital, psychic or spiritual? What is it? Does anybody know?

What becomes of these nerves? The books tell us that they supply the upper extremities with sensation and emotion. Is that all? Isn't there something in the human hand, to say nothing of the corresponding member in some of the lower animals, that shows a versatility of power to command the wonder and admiration of the dullest mind? A thought is generated in the cortex of the brain; it demands instant, perhaps energetic, expression and practical illustration by the hand; efferent cell-power passes with the rapidity of lightning, and it is no sooner conceived than executed. So with the afferent conveying the impressions made extrinsically upon those sensitive papillæ in our finger-tips. As Macbeth approached to consult and learn his destiny from the weird sisters on the blasted heath, the great mind of the immortal bard that knew all things makes one of them say:

"By the pricking of my thumbs  
Something wicked this way comes."

And that was long before the microscope had taught of cells, protoplasm and ganglia, etc. And now, instead of following out the line of discussion of the olfactory trinity, let us defer that for the present and occupy the brief space left us with a few thoughts upon infinitesimality in relation to these nervous forces.

#### ON INFINITESIMALITY.

If we accept the Democritan and Lucretian theory of the cosmogony, then the world began by the accretion of infinitesimal atoms whirling in boundless space, and its integrity was assured by their consolidation. Also, if we accept the origin of the world of the mind from the operations of the infinitesimalities of cell-life, may we not go a step higher and try and discover whence comes the animating principle within us which controls and regulates the moral and immoral instincts, and passions and impulses that too often dominate and subdue us. Where shall we look for it, and what shall we call it when found? If the cortical structure of the brain can beget the invisible and intangible subtleties of intellection and thought, is the generation of a corporeal " $\psi\chi\eta$ " outside of the possibilities of its generative force? In other words, if the cortex of the brain can dispense and diffuse the subtle properties of the mind, why may it not equally dispense and diffuse other powers, perpetually through the body, more interpenetrating and more subtle still? We may call it  $\psi\chi\eta$ , soul, anima, aura, spirit, imagination, conscience, whatever we please, yet, nevertheless, it is but the reflex of the divinity within us, which though corporeal or terrestrial as respects its influences upon the corporeal body, is, while occupying us here, forever maintaining the relations that man holds to his Creator, and forever reminding him of the things that are unseen and hidden from his view,

and to be replaced by a more spiritual " $\psi\chi\eta$ " that shall assume newer and higher powers and attributes when we go hence, and shall have merged into a more sublimated investiture, better suited to the environments of a new-born existence and more consistent with the progressive life beyond. Is there anything conceivable more infinitesimal, in a physical sense, than that power exercised by the maternal influences upon the foetus in utero? and yet, is there anything in the whole range of the accidents, and chances and misfortunes that occur to human life, more to be deplored than the monstrosities that are projected upon the world, whose hideous deformities are the result of intangible moral impressions made upon the mind of the mother by a chance encounter with a repulsive object? The same may be said of the intangible and infinitesimal influences, both maternal and paternal, impelling and moulding physical, mental and moral characteristics in their offspring. Is there any other way of accounting for these things than by and through the operations of neuroplastic infinitesimalities? If there is, we would like to know it.

Let us follow out their effects in the case of the influence of the mother upon her child. She suddenly sees a baleful object, and the rods and cones of the retina receive the lights and shadows proceeding from it, each rod and cone appropriating its own ray, as will be shown hereafter when we reach the discussion of the next special sense, the optic. They transmit them to the successive laminae of the retinal cells, and to the exquisitely vital "substantia gelatinosa" of which they are composed. The delicately penicillated fibrillæ of the optic nerves, with which they are continuous, now receive the freight of horror, and transport it brainward and centrad to the many localities of origin of the optic nerves, which, as we shall see, are among the most vital portions of the brain. The cells of the maternal cortex — νόο βλαστηρα, mind buds or cells — are now, through the afferent fibers of the "corona radiata" and the network of the "association fibers," warned of the hideous presence, its baleful impression has now assumed definite form and shape in the maternal mind, and it is soon conveyed to the young life growing within her womb. How!! Is it conveyed through the placental blood-currents? or by any latent electric or magnetic force in the maternal nerve-currents, or do the neuroblasts of the ganglia of the great sympathetic, with which the uterus abounds, and which are in continuous association with the maternal cortex, impart their vital influences, but which being now perverted by the force that has been brought to bear upon them from without, arrest and destroy the healthful formative processes which have been going on in the early-developed foetal nervous system, or are the mysterious powers of the corporeal  $\psi\chi\eta$  set in

motion here, and do they carry out the dreadful work, and instill the blighting poison into the cells of the now rapidly-growing foetal nervous system, and by consequence into its tributaries, the formative cells of construction and formation, and their efferent nerves, which but too faithfully photograph upon the innocent lineaments, now in process of moulding, the cruel image of the abhorrent object received from without. And so we might follow out, and portray the infinitesimalities of disease received and dispensed through these neuroplastic courses, and those of poisons through reptile inoculation, hydrophobia, etc., and those which beginning by a mental or moral obliquity or hallucination, no bigger than a pin's point, become by degrees larger and larger in the mental eye of the victim, until the distraught brain passively yields to the destroyer, and the demon of insanity gloats over the wreck of what was once the home of Godlike intellect, of reason, of thought. And here we are reminded of Shelley's beautiful invocation to night:

"Heaven's ebon vault, studded with stars unutterably bright,  
Through which the moon's unclouded grandeur rolls,  
Seems like a canopy that love had spread, to curtain her  
sleeping world."

And to it we would liken the cortex of the brain, studded with its cells, the stars of its intelligence, and animated by that mysterious living principle which we would call its  $\psi\chi\eta$ , its anima corporea, its corporeal soul, its moral investiture, resident, as we believe, within its meshes, and guiding, directing, impelling and restraining human action and human life. And so are we o'er-canopied by its protecting power, which began with the first cell-infinitesimality implanted within it, and whose ministrations will go on while life lasts.

#### MEDICAL JURISPRUDENCE.

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POWER of Court to compel physical examination of persons, in civil suit.

Discussion of this subject is rife at present, and it is one of general interest.

Clara L. Botsford brought an action against the Union Pacific Railroad Company, for negligence in the construction and care of an upper berth in a sleeping car, in which she was a passenger, by reason of which the berth fell upon her head, bruising and wounding her, rupturing the membranes of the brain and spinal cord and causing a concussion of the same, "resulting in great suffering and pain to her, in body and mind and in permanent and increasing injuries."

Before trial, the defendant asked the court for an order requiring the plaintiff to submit to a

surgical examination, in the presence of her own surgeon and attorneys, if she desired their presence; it being proposed by defendant that such examination should be made in a manner not to expose the person of the plaintiff in an indelicate way, and averring that such an examination was necessary to enable a correct diagnosis of the case, and that without such examination the defendant would have no witnesses as to her condition.

The U. S. Circuit Court refused to make such order, upon the sole ground that "this court had no legal right or power to make and enforce such order." The defendant excepted in due form, and after trial, at which plaintiff and other witnesses testified in her behalf, and which resulted in a verdict and judgment for her in the sum of \$10,000,—sued out a writ of error to the U. S. Supreme Court.

The Supreme Court sustained the ruling of the Circuit Court, but a dissenting opinion was filed by two members of the court. The prevailing opinion holds primarily, to the sacred right of the person, quoting Judge Cooley, as follows: "The right to one's person, may be said to be a right of complete immunity—to be let alone." And asserts that the inviolability of the person is as much invaded by a compulsory stripping and exposure as by a blow.

The learned judge (Gray) goes on to reason, that to lay bare the body of a woman, or submit it to the touch of a stranger without lawful authority, is an indignity, an assault and a trespass. And in looking for precedents, finds few in the English Courts. Among these, the Common Law Courts might, if they saw fit, try by an inspection or examination, without the aid of a jury, the question of the infancy or the identity of a party; and, in an action of trespass for malice, or for an atrocious battery, might, after a verdict for the plaintiff and on his motion, and upon their own inspection of the wound, *super visum vulneris vulneris*, increase the damages at their discretion.

Another analogous proceeding is where courts of divorce, in determining a question of impotence as affecting the validity of a marriage, may order an inspection by surgeons of the person of either party. This authority rests upon the interest which the public as well as the parties have, in the question of upholding or dissolving the marriage state, and upon the necessity of such evidence to enable the court to exercise its jurisdiction; and is derived from the civil and canon law, as administered in spiritual and ecclesiastical courts, not proceeding in any respect, according to the course of the common law, as held by the courts of Connecticut, S. Carolina and Vermont.

The writ *de ventre inspicio*, to ascertain whether a woman convicted of a capital crime

was quick with child, was allowed by the common law in order to guard against taking the life of an unborn child, for the crime of the mother. And it seems that the only purpose for which the like writ was allowed by the common law, in a matter of civil right, was to protect the rightful succession to the property of the deceased person, against fraudulent claims of bastards, when a widow was suspected of feigning herself with child, in order to produce a supposititious heir to the estate; in which case, the heir or devisee might have this writ, to examine whether she were with child or not, and if she were to keep her under proper restraint till delivered. In cases of that kind, the writ has been issued in England in quite recent times. No instance of its ever having been considered in any part of the United States, as suited to the habits and conditions of the people, was cited by the learned counsel in the case under consideration.

The Court further held, that while any one may expose his body, if he chooses, with a due regard to decency, and with the permission of the Court, he can not be compelled to do so, in a civil action, without his consent. But if he unreasonably refuses to show his injuries when asked to do so, that fact may be considered by the jury as bearing on his good faith, as in any other case of a party declining to produce the best evidence in his power.

Within the past fifteen years a practice to grant such orders seems to have prevailed in the courts of Iowa, Ohio, Kansas, Wisconsin, Minnesota, Nebraska, Missouri, Arkansas, Texas, Georgia and Alabama. But the U. S. Supreme Court holds, in the case under discussion, that "this is not a question which is governed by the law or practice of the State in which the trial is had, but depends upon the power of the National Courts under the Constitution and Laws of the United States, where the question is raised before the National Courts by appeal," and therefore affirms the ruling of the Circuit Court, refusing the order for examination.

Justice Brewer (Justice Brown concurring) dissents from the prevailing opinion of the Court, as above considered, holding that the silence of common law authorities upon the question in cases of this kind arises from the limited number of such cases in early times, as compared with the present; and calls attention to the conflict of decisions of the highest courts of the various States.

Taking for his text the assertion that "the end of litigation is justice, and knowledge of the truth is essential thereto," the learned justice argues for his position that "truth and justice are more sacred than any personal consideration; and, if in other cases in the interests of justice, or from considerations of mercy, the courts may, as they often do, require such personal examination, why should they not exercise the same power in cases like this to prevent wrong and injustice?"

The New York Court of Appeals has recently decided this question, in the case of *McQuigan vs. Delaware, etc., R. R. Co.*, ruling with the U. S. Supreme Court, as above cited.

While the argument of Judge Brewer is, we think, conclusive as to the general principle involved, there seemed no necessity in the Botsford case for granting such an order, and so far the ruling seems just and proper. And while we must yield due submission to the decisions above cited, the main question, "Have the courts power to compel physical examination in civil cases?" may well be considered an open one, and some case may yet arise which will compel the exercise of such power. All honor to Justice Brewer's conception of "truth and justice."

#### PRIVILEGED COMMUNICATIONS—WAIVER BY PATIENT.

Section 834, Code of Civil Procedure, provides that "A person duly authorized to practice physic or surgery, shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity." Section 836 provides for exceptions to this rule—and also as applied to attorneys, in Section 835—and is as follows: "The last three sections shall apply to every examination of a person as a witness, unless the provisions thereof are expressly waived by the person confessing—the patient or the client." It has been well settled that this express waiver may be inferred from circumstances.

The case of *Marx vs. Manhattan R'y. Co.*, decided in Supreme Court, General Term (New York City), illustrates this inferred waiver.

Marx brought his action to recover damages claimed to have been sustained to his eye, while standing beneath the elevated railway in the Bowery, from coal falling from one of the engines. The trial resulted in a verdict for the plaintiff at Circuit. Defendant appealed to General Term, and several exceptions were brought up. The exceptions considered by the Court on appeal were those taken to the exclusion of the evidence of Dr. Knapp, a witness for defendant, at the trial below.

The plaintiff, when examined upon his own behalf, testified that he had visited Dr. Knapp two or three times to consult him about his eye; that the doctor did not examine him; that he merely looked at his eye, asked him no questions, did not ask him a word, and that he told him nothing. And that upon the third visit Dr. Knapp told him to get examined by a doctor.

Dr. Knapp was then called as a witness by the defendant, for the purpose of showing that the plaintiff had not truly stated what had taken place between the plaintiff and himself. Counsel for plaintiff objected to the doctor's giving any evidence of anything said or done by him, upon

the ground that plaintiff had consulted him in a professional capacity, and that the doctor was prevented by Section 834 of the Code from testifying as to anything which took place between them. The Circuit Court sustained the objection, and the doctor's evidence was excluded.

The judgment and order appealed from were reversed at General Term, opinion by presiding justice Van Brunt. The learned judge took occasion to say, among other things, that: "The plaintiff upon his direct examination in the case at bar, had pretended to give all that took place between himself and Dr. Knapp; had opened the door of the consultation room to the jury, and had pretended to give them a statement of what had occurred between himself and Dr. Knapp.

"Can it be that having done this, when Dr. Knapp is called to give his version of what took place, his mouth is shut, and the truth can not be laid before the jury? Can it be that a patient can distort the features of a consultation with his physician so as to do the physician the greatest of injury, and the physician be prohibited from defending himself? Clearly not.

"The patient may keep the door of the consultation room closed, but he can not be permitted to open it so as to give an imperfect and erroneous view of what is taking place there, and then close the door when the actual facts are about to be disclosed. This would be allowing a plaintiff to manufacture evidence for himself in cases of this description, and prevent the defendant from resorting to the only means to elicit the truth.

"The legislation in question was not intended to be the means of such injustice, and it may be claimed with great force, that, as the section in question was intended to prevent the disclosure by a physician of his patient's condition, either physical or mental, when such condition comes in question and physicians are examined at the instance of the plaintiff in respect thereto, the privilege is waived, and the opposite party has a right to resort to the same class of evidence.

"In construing this legislation, we must consider the object which was sought to be attained, viz., the greatest freedom in confessions to minister or priest, and consultation with attorney or physician. The reason for the rule no longer exists where the party himself pretends to give the circumstances of the privileged interview."

This clear cut ruling on a vexatious question is timely, and will be welcomed by all the learned professions. Many unfortunate constructions have been put upon the obligations of professional secrecy in cases like the above, where patient or client has sought to divulge so much as might serve his selfish purpose, or even to distort the facts, and then seek refuge from the result of a complete exposition behind a salutary law to be worked in his favor.

#### LIABILITY OF ELEVATED R. R. CO. FOR INJURIES CAUSED BY IMPROPER CONDUCT OF ITS SERVANTS.

On June 27, 1889, Clarence M. Smith was a passenger on the Third Avenue Line of the Manhattan Elevated R. R., New York City. At Chatham Square he changed cars for a South Ferry train. Several persons were waiting on the platform with him. On the arrival of the train Smith allowed a woman to enter ahead of him; he was about to step on the car himself, when, with a sneer, the guard slammed the gate with a snap, remarking to the young man that he "had better be a little spryer."

Thereupon Smith tried to enter the adjacent gate which was still open. The guard quickly shut that also. Smith, being anxious to connect with the first boat for Staten Island, waited for the last car of the train to reach him, when he slung his valise on the front platform and catching the rear railing swung himself over the gate. The rear door being locked, he remained on the rear platform unnoticed until the train reached Franklin Square. There the guard espied him, unlocked the door and in an insulting manner asked Smith what he was doing there. Smith answered that he was on his way to South Ferry, and tried to go forward to find his valise. The guard blocked his way and Smith forcibly tried to pass him; a lively scuffle ensued in which the train-hand got the worst of it.

Meantime the train had reached Hanover Square, where another guard threw the valise on the station platform. Smith calmly picked it up and regained his car without molestation. During this time guard No. 1 had collected three of his fellows and ordered Smith off the train. Another row ensued in which the passenger's clothes were torn, his face cut and his hand sprained. He managed to stick to the train, however, and reached the desired boat; but upon arriving at Staten Island, was laid up for three days.

In March, 1890, the case was reached for trial at Common Pleas, where it was dismissed by Judge Bookstaver, without being submitted to the jury. In May, 1891, the General Term of that Court ordered a new trial, and on that new trial Smith obtained a verdict and judgment for \$1,000. The defendant corporation appealed to the General Term which has just affirmed the judgment unanimously, Judge Prior wrote the opinion which is of no uncertain sound.

The court held that the sale of ticket to Smith and receiving him inside the barriers of the platform, created a contract for carriage between the parties; and, conceding as the defendants claimed that plaintiff boarded the train in a manner forbidden by the rules of the company, asks, did that fact authorize the defendants to eject him or justify their servants in inflicting the injuries complained of?

On this point, Judge Pryor says: "The plaintiff had paid his fare, he had a right to go by that train; he was in a place appropriated to passengers, and at the time of the assault, was in no way misconducting himself. The attempt to put him off was not because he was where he had no right to be, but solely because he had got in the proper place in an improper manner. \* \* \*

"His presence on the train being a rightful act, no matter what the irregularity in getting there, his removal would necessarily have been wrongful. Undoubtedly, defendant has authority to enforce observance of its regulations, but by preventing, not by punishing the breach of them. The defendant has no power of retribution and is incapable of compelling conformity to its rules by the imposition of a penalty. But the ejecting of plaintiff for an act already accomplished would have involved a forfeiture of his right to be carried on that train. Only by present or by prospective and not by past misconduct does a passenger lose his privileges. \* \* \*

"Hitherto, the argument has proceeded on the postulate that when the attempt was made to eject the plaintiff, he was on the train by reason of an irregular entry. But at Hanover Square station, he left the train and then re-entered it without resistance or remonstrance from the defendant. Having originally a right to conveyance by that train, and being now on it by no breach of regulations or other misconduct, the attempt to eject him was an utterly inexcusable outrage, for which defendant might well have been chastised by a much heavier verdict than that of which without reason, it complains. Judgment and order accordingly affirmed, with costs."

Another case against the same defendants, where judgment was obtained by Mrs. Palmer for \$831, on an action charging a ticket agent of the company with slander and the R. R. Co. with false imprisonment, has just been affirmed by the Court of Appeals.

After buying a ticket for which a quarter of a dollar was tendered and change received therefor, Mrs. Palmer deposited her ticket in the box and was followed to the platform by the ticket-seller, and by him accused of passing a counterfeit quarter. Upon her denial of the charge and refusal to refund he became abusive, calling her a counterfeiter and vile names, and taking hold of her forcibly held her until he could call a policeman. She was permitted to go only when no policeman could be found.

We have space for only a short extract from Judge Gray's opinion in the Court of Appeals, viz., "Though injury and insult are acts in departure of authority conferred, yet, when occurring in course of the employment, the master becomes responsible for the wrong."

Regular patrons of the elevated roads can not

fail to observe the frequent exhibitions of impudence, arrogance and even brutality of their employees. Indeed, they are so frequent that we must conclude that the controlling power approves such manners, or else is ignorant of their existence. If, as many persons think, the corporation and its employees consider the public to have been created for their use and benefit, rather than the reverse, it would seem that a few such lessons as the above would work a conversion of views. And yet, as these lines are being penned, we read of an attack upon an elderly and wholly inoffensive man by four or five of these *guards* (?) which resulted in the arrest and confinement of at least one of them! May he receive his just deserts, and furnish one more lesson to his kind.

AGAIN, THE DEADLY AMBULANCE SURGEON.—THIS TIME IN BROOKLYN.

Frederick Haas, a barber in Brooklyn, had, it seems, been suffering with kidney trouble for two months and had not tasted intoxicating liquor in ten days. On Wednesday, May 4th, he was feeling very weak, and becoming alarmed at the serious nature of his disease, asked a young man in his employ, Edwards, to go with him to the Eastern District Hospital.

On the way there Hass fell in the street, and in answer to Edward's call for help Surgeon Willis of the Homoeopathic Hospital came up. He conveyed the sick man to the station house, and told the sergeant that Hass was suffering from alcoholism and perhaps kidney trouble. He refused to take him to the hospital and Hass was put in a cell.

Edwards then went to the Marine Hospital and returned with a surgeon whose name does not appear. This surgeon seems to have known his business, and decided that the patient was suffering from kidney trouble and should be taken to a hospital at once. The police captain then rang for an ambulance, and Surgeon Gifford of the Eastern District Hospital responded. He also diagnosed the case as one of alcoholism. When Edwards told Gifford that Haas had been sick for some weeks, he replied that such a case was not for an ambulance surgeon. He thereupon returned to the hospital, leaving the man in his cell.

Haas continued to grow worse. At midnight the police became alarmed and rang for another ambulance. This time Dr. Sage from St. Catherine's Hospital answered the call. He also refused to remove Haas, but left some medicine to cure his alleged "drunk."

On Thursday morning Hass was arraigned before Justice Walsh in the Police Court, and there the true story of his case was made manifest. The justice ordered him taken immediately to the Flatbush Hospital on an order of the

Charities Commissioners. He was taken there accordingly and died the same night.

Here were four ambulance surgeons from as many hospitals, three of whom declared the patient to be suffering from alcoholism. The fourth only, having correctly apprehended the real disorder—and he alone, seems to have been unattended by an ambulance. Two questions will occur to any one whose attention is attracted to this case. Can the majority of these ambulance surgeons detect the symptoms of alcoholism as distinguished from other causes of disease and helplessness? And, even if a man really be suffering from liquor or its effects, is that a sufficient reason for passing him by as unworthy of aid? The public are interested in both these questions and have a perfect right to ask them, and to insist that our hospitals shall not exist merely as schools for embryo doctors, whose ignorance or neglect may consign suffering humanity to the prison cell or the grave.

#### AN INTERESTING AND IMPORTANT LIFE INSURANCE DECISION.

BY HENRY A. RILEY, A. B., LL. B., NEW YORK.

**A**N INTERESTING life insurance case has just been decided in the New York Court of Appeals, and a full statement of it is worthy of a place in a medical journal.

This is especially so as all physicians are called upon frequently to furnish certificates in regard to the death of insured persons as "proofs" to enable the beneficiaries to secure payment from the insurance companies.

The plaintiff was the Buffalo Loan, etc., Co., Guardian, *vs.* The Knights Templar and Masonic Mutual Aid Association. The beneficiary was an infant and the Loan Co. was his guardian. The policy of insurance relieved the Company from liability in case of death by delirium tremens, and this was admitted by the guardian to be the cause by filing a certificate of death with the Mutual Aid Association in which the attending physician mentioned this in answer to one of the printed questions.

In the certificate of membership in the Mutual Aid Association which the deceased held, and which contained the contract of insurance, the association obligated itself to pay to the heirs or legal representatives of the assured the sum payable in the policy "within sixty days after due notice and satisfactory proof of the death (during the continuation of the contract) of the said John Roberts."

Notice and proof of death was thereupon given to the association, and among the papers filed was the certificate of the attending physician.

When a refusal was made of payment, suit was begun, and shortly after a verdict obtained at the Trial Term, which judgment was approved by

the General Term, and has now been confirmed by the Court of Appeals.

The decision favorable to the claimant, notwithstanding the admission of delirium tremens as the cause of death, is based mainly on the ground that the certificate of the physician was unnecessary, and was an improper waiving of the rights of an infant beneficiary, and by which he was not bound.

It should be clearly understood that no real fault was found with the physician for giving the certificate, but the impropriety was on the part of the guardian who presented the blank certificate to the physician and asked him to fill it out. The physician probably did so in the undisturbed impression that this was a part of his professional duty. There was even no intentional fault on the part of the guardian.

On this point the Court says: "There is no ground for impeaching the good faith of the guardian in furnishing the certificate. He probably supposed that the company had the right to exact it. The company, in remitting the blanks, requested him to fill them up, and what he did was in compliance with its request. In procuring the physician's certificate the guardian misapprehended his duty."

It is, we believe, an almost invariable practice with life insurance companies and mutual benefit associations to furnish blanks for the attending physician, the minister officiating at the funeral, and the undertaker to sign. Such blanks are usually filled in and signed without question, as it is supposed that they are absolutely necessary to secure payment of the policy. It is, no doubt, true that every policy or certificate of membership requires "proof of death" or "satisfactory proof of death" to be furnished in order to create any liability, but such policies and certificates of membership do not always require the cause of death to be stated by the attendant physician. This was the case in the certificate granted by the Knights Templar and Masonic Mutual Aid Association, and for this reason the Court held that an infant beneficiary should not be prejudiced by the improper admission made by his guardian. When the policies do not require the cause of death to be stated, the claimants are not required and can not be forced to state the cause, though there may be special blanks furnished in which this is made one of the most important questions. Of course, the claimant may prejudice himself by declining to furnish the information and may provoke an unnecessary lawsuit.

In most cases, moreover, these statements of the cause of death can not possibly prejudice any one, and it would be wise to give full particulars. In other cases, however, where death by suicide, delirium tremens, etc., etc., will prevent a recovery, it is not required that the beneficiary should admit away his whole cause of action.

This is especially true of an infant beneficiary, and the Court will protect him against an improper admission. On this point the Court says: "The power of a guardian to bind his ward by his admission is more limited than that of an agent acting for an adult principal. The Court will not permit the rights of a ward to be prejudiced by the admission of a guardian. His interests are under the protection of the Court, and it will intervene to relieve the ward from prejudicial conduct on the part of the guardian. It is a settled rule in Chancery, that where the infant defends by guardian, his rights are submitted to the Court and he is not bound by admissions in the answer, and the Court will not render a decree against the infant solely upon such admissions." Of course an adult can file a certificate giving a cause of death which will prevent a recovery, and he will be bound by the statement of the attending physician, although the information may be given entirely through a misunderstanding of its legal effect.

Physicians are not and can not assume to be legal advisers of beneficiaries when they are filling out the certificates which they are asked so frequently to prepare. If a physician, however, understands the point which this case decides and keeps it in his mind, he may be able on some occasions by discreet inquiries of guardians or relatives who give him the blanks, to prevent harm to beneficiaries especially if they are minors. This reasoning will not in the slightest degree warrant a physician or any one else in stating a false cause of death, and there may be a moral question involved in attempting to get payment of a policy by virtue of a death which the insurers have expressly refused to be liable for. In the case at bar the Court touches on this point as affecting an infant as follows: "In procuring the physician's certificate the guardian misapprehended his duty. It was an act tending to defeat the claim which he had undertaken to collect. The fact asserted in the certificate may have been the truth. But the guardian had no right to foreclose inquiry upon the subject, nor to prejudice the case by changing the burden of proof by an inconsiderate, unnecessary and prejudicial admission."

The association offered proof that its by-laws required the attending physician to furnish such a certificate as was given in this case, but the Court refused to admit such testimony, on the ground that the certificate of membership did not require this information to be given.

Another important point considered was whether there was any breach of professional honor on the part of the physician in furnishing the certificate, and further, whether the act ran counter to the provision of the Code of Civil Procedure. Section 834 declares that: "A person duly authorized to practice physic or surgery

shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which is necessary to enable him to act in that capacity."

The first point was not directly decided as it was not up for judicial determination, but the following interesting statement was made: "The disclosure by a physician of information acquired in his professional character in attending a patient, where not made in the course of his professional duty, is a plain violation of professional propriety. But the statute does not prescribe a rule of professional conduct for the government of physicians in their general intercourse with society.

"The common law did not protect a physician from disclosing as a witness information acquired professionally from patients. The statute was intended to afford this protection and to protect the patient also.

"If a physician, disregarding the plain obligations of his situation, should in conversation disclose the secrets of his patient, he would, so far as we know, violate no statute, however reprehensible his conduct would be."

It can not, however, be held that the physician violated any rule of professional ethics in the case at bar, as his statement of the cause of death was not made to an outsider, nor in an unfriendly or gossipy way, but to the legal guardian of the representative of the deceased and at his request.

In regard to the question whether the certificate was forbidden by the Code of Civil Procedure the Court holds that it was not. The protection given by the section can be waived by the patient, and the Court says: "The statute should have a broad and liberal construction to carry out its policy.

"By reasonable construction it excludes a physician from giving testimony in a judicial proceeding in any form, whether by affidavit or on oral examination, involving a disclosure of confidential information acquired in attending a patient, unless the seal of secrecy is removed by the patient himself." The certificate of the physician was not in its nature testimony given in court, and therefore the section of the Code had no application to it.

It was not attempted to use it in court—its only purpose was to be filed with other papers in the office of the association.

Moreover, the Court held that it was not competent original evidence of the cause of death.

It was an admission by the plaintiff, nevertheless, as to the cause of death; and as it was made by his voluntary act, it would therefore have been received and have defeated the recovery, except on the ground previously stated that the ward could not be prejudiced by the improper admission of his guardian.

Another important question decided was as to

the admissibility of the records of the Board of Health of Buffalo. The attending physician filed a certificate with the Board giving, it would seem, the same cause of death as stated by him in his certificate filed with the association. Could this certificate be received as competent evidence to defeat the plaintiff's claim? The Court of Appeals decided that it could not, and said that the statute "makes it the duty of the Board of Health of Buffalo to supervise the registration of deaths and causes of death in the city, and prescribes that no burial of a deceased person shall take place until a certificate shall have been made and presented of the death and its cause, if known, and that a refusal on the part of any person whose duty it is to make out and file for registration any such record shall be a misdemeanor. The ordinances of Buffalo also make it the duty of the attending physician to furnish a certificate setting forth the cause, date and place of death of any person in the city, and file the same in the office of the Board of Health. The statute and ordinance were police regulations, and the records were required for local and specific purposes, and are not public records in such sense as makes them evidence between private parties of the facts recorded. We have found no case which would justify their admission in a controversy between private parties as evidence of the cause of death where that became a material inquiry."

The points decided in the case may be briefly stated as follows:

*First.* Where the contract of insurance does not require the cause of death to be communicated, the insurers can not demand this information under a requirement that "satisfactory proof of death" be given.

*Second.* The certificate of the attending physician giving the cause of death, and filed with the proofs of death, is not competent original evidence, and can not be used against an infant ward, who is not bound by his guardian's admission in furnishing the certificate.

*Third.* The records of a Board of Health containing the certificate of a physician giving the cause of death are not competent evidence between private parties where the cause of death is a material inquiry.

**Syphilis Among the Ancient Egyptians.**—Proksch (*Archives F. Dermatologie U. Syphilis*, June 20, 1891) discusses the probable existence of syphilis among the ancient Egyptians. In studying a papyrus containing instructions about the management of a disease known to them as "uxedu," he has identified syphilis. The papyrus gives the treatment for uxedu in the anus, in suppurating wounds, in the mouth, in the eyes, in the bones, in tumors of the head, in the body, in pustules, etc., thus giving an almost complete history of the various situations in which syphilis may manifest itself. The author concludes that the uxedu of the ancient Egyptians is our syphilis.

## HAHNEMANN THE ENTHUSIAST.

BY W. F. MORGAN, M. D., LEAVENWORTH,  
KANSAS.

ALL that is vital or of general acceptance in homœopathy, is of ancient origin. Hahnemann promulgated as the basis of his system three chief tenets, the first being expressed by the formula "*Similia similibus curantur.*"

The second holds to the necessity of "proving," singly, each medicinal substance upon the healthy before administering it to the sick.

The third tenet relates to the dilution and attenuation of medicinal substances with alcohol, sugar of milk, etc.

In regard to the first tenet, he quotes a very large number of ancient authors—besides some who lived nearer his own time—who have suggested that remedies may act by producing diseases similar to those which they cure, and then adds: "My object is to show that the art of curing homœopathically might have been discovered before my time."

He also disclaims the honor of being the first to discover and promulgate the second tenet, as may be inferred from the following quotation from Haller, the "immortal," as he styles him:

"*Nempe primum in corpore sano medela tetanda est, sine peregrina ulla miscela; odoreque et sapore ejus exploratis, exigua illius dosis ingerenda et ad omnes, quae inde contingunt, affectiones, quis pulsus, quis calor, quæ respiratio, quenam excretiones, attendendum. Inde ad ductum phænomenorum, in sano obviorum, transseas ad experimenta in corpore aegrota.*"<sup>†</sup> etc.

Hahnemann's third chief tenet, *i. e.*, that the therapeutic power of drugs is more fully developed by dilution and trituration with a non-medicinal vehicle, and especially his notion that this power might—by too much succussion of the dilutions—become too highly developed, has, with few exceptions, generally been regarded even by homœopaths as a measure fanciful. Homœopaths have held—at least the majority have held—that the size of the dose and the particular method of preparing medicines, do not affect the question of their homœopathic action.

But the infinitesimalism of Hahnemann often receives modern confirmation. Recent experimenters announce that the three-billionth of a grain of mercapton elicits a response from the human olfactory nerve, which is—as compared with the same organ in certain animals—in a very rudimentary condition.<sup>†</sup>

Many leading homœopaths believe that homœopathy is simply *one* law of cure, and do not claim that it is the *only* law.

Hahnemann's scale of dilution—the centesimal

\* *Organon*, 3d Ed., p. 61.

† *Organon*, 3d Ed., p. 135.

‡ *Vide N. Y. Medical Record*, June 19, 1886, p. 712.

—was soon changed by the majority of homœopaths for the decimal; thus they but gave heed to his own unselfish exhortation to "think themselves."

The therapeutics of Ringer and other eminent physicians of the regular school recommend in many diseases the same remedies, and in practically the same doses, as the majority of homœopaths have used for the past twenty-five years. This fact may not detract from the honor due to Ringer and his colleagues, for as Emerson says of a subsequent discoverer of a fact, "so much the better for the fact." Adams and Leverrier each has the honor of being the discoverer of Neptune.

So, of course, in medicine independent observers often arrive at the same conclusion. No one can claim a monopoly of medical wisdom.

There still remain things in nature that "refuse to be classified"—to be weighed by our scales, to be seen by our lenses or measured by our mathematics; as witness, the law of catalysis and the infectious principle of disease.

The crude and nauseous doses of the olden time have had to compete with the minute and elegant bolus of pharmacy, and this has resulted in an improvement in the methods of preparing and administering drugs.

Now, the medicinal principle is separated from the mass of inert and non-medicinal material with which it is naturally associated, and this isolated and concentrated "essence" is sought to be given with a more agreeable vehicle. Hence the reduction in the dose is often more apparent than real.

Many homœopaths believe that the name "homœopathy" does not express the way in which drugs cure so well as "substitution," *i. e.*, "the substituting of a drug disease for the natural disease." A similar idea was suggested by John Hunter.\*

That drugs often produce effects like those which they are capable of curing, has been suggested by a very great number of modern medical writers. Among the ancients we have even the father of medicine himself, who gave as one of the four laws by which remedies were supposed by him to act, one tantamount to that expressed by the Shibboleth, *similia similibus curantur.*" Let any healthy person who entertains a doubt upon this point subject himself for one or two weeks to the daily dose of half a drachm, or a drachm, of quin. sulph., and it is probable that unless of idiosyncratic constitution, he will become convinced of its truth.

Hahnemann's evident sincerity shines forth upon every page. His familiarity with the literature and history of medicine is remarkable. "He is universally acknowledged to have displayed great genius, industry and erudition. Jean Paul Richter calls him a "prodigy of philosophy and

learning. He was a man of unblemished purity of morals, and his life as well as his writings, was characterized by strong natural piety."

It has been shown by the evidence of Hahnemann himself, that although the great champion, he was neither the first nor the only one to announce the most important ideas of the school known as the homœopathic.

This seems to show that these ideas are of a nature universal, a knowledge of which is intuitive. From these ideas the merely speculative must be separated. Hahnemann believed that disease-producing-causes acted upon the "spiritual essence of life," and that the spiritual essence of remedies alone were capable of permanently removing disease; that it is this indwelling formation principle or "essence" in each plant, shrub and tree that form the same soil, air and sunshine, is able to evolve organisms so diverse.

But the scientific world has outgrown Hahnemann. In its organic development it outgrows every man, either soon or late.

Homœopathy has done its work, and intelligent physicians see that it has subserved a useful purpose.

That the principles of therapeutics are founded deep in nature's laws is proved by the fact that, among all the different races, in every age and in every clime, men have been led, as by the hand of God himself, to similar and often to the same means of relief from the manifold ills to which flesh is heir.

The light of a brighter day is upon us. The modern discoveries of Virchow and his colleagues of the physiologists, anatomists and chemists, of Pasteur, Lister and the great army of earnest men in every department of medicine and surgery, have wrought a revolution in the views of physicians who have kept abreast with the time in which they live.

Though there should be sects in the future as there are in the present and have ever been in the past, true physicians must continue to advance, and they will always seem alike in scientific spirit and in noble purpose.

**Age of Fetus.**—It is frequently desirable to be able to state approximately the age of the fetus in miscarriage cases. The following table from Auvard (*Medical Brief*) will be useful in deciding this question:

About the middle of the fourth month the fetus is eight inches long.

About the middle of the fifth month the fetus is ten inches long.

About the middle of the sixth month the fetus is twelve inches long.

About the middle of the seventh month the fetus is fourteen inches long.

About the middle of the eighth month the fetus is sixteen inches long.

About the middle of the ninth month the fetus is eighteen inches long.

And at the end of nine months, twenty inches long.

## THE MODERN MIDWIFE—WHAT HE SHOULD DO.

BY HENRY SHERRY, M. D., CHICAGO, ILL.

MEMBERS of the medical profession, I desire to plead for the greater care of the lying-in woman. A current exchange says that obstetrics is the backbone of general practice.

If you tell me you have practiced this branch for twenty years and never lost a case, you are then a dangerous man in the lying-in room, for your fancied self-security makes of you a careless midwife.

If you are taking care of this class of cases at five or ten dollars each, stop it. Take fewer cases, take better care of them, and charge higher fees for your service.

Here is the method I am now pursuing, based on the ground-faith of modern surgical cleanliness and that the laborer is worthy of his hire.

1. Charge a fee commensurate with the service rendered, and make the service worthy of the fee.

2. Consider every case of confinement as a surgical one, and treat it according to the principles of modern antiseptic surgery.

The principal factors in the field now are the patient, the operator and the nurse. To the latter you give the following instructions:

1. The room should be as good a one as the house affords. As void of upholstery, stuffy furnishings, rugs, etc., as possible. Should contain one bed, a cot, a table and one or more wood or cane chairs. The cot should be dressed as for an ordinary accouchement, and the bed to receive the patient after delivery. Upon the floor around the cot spread one or more sheets to prevent the upward rising of dust from the carpet. In suitable receptacles have a supply of water, which has first been boiled and then decanted.

2. The toilet of the patient should consist of a full bath, the colon thoroughly unloaded, the bladder emptied and the vagina and vulva well cleansed. Require the nurse to wear cotton dresses, never woolen or worsted.

3. The obstetrician should be as clean as the patient, with sleeves rolled to the elbows, and the ordinary coat replaced with one of white linen, having short sleeves.

His obstetric bag should contain a rubber perineal operating cushion, obstetric forceps, needles and holder, syringe, chloroform, ligatures, antiseptic gauze, catheter, boracic acid, tr. iodine, creolin or crystals of permanganate of potash.

After the patient is sufficiently advanced in labor to take to her bed permanently, she should be placed upon the cot, with the perineal cushion resting under the hips.

Make as few vaginal examinations as possible, always washing the hand and rinsing it in one of the solutions already mentioned. When the presenting part shows at the vulva, support it with a

cloth wrung out of a solution of creolin or permanganate. Never depend upon a chance piece of twine or the household scissors for the cord, but have your own properly prepared ligature and clean scissors. After severing the cord, wrap the placental end in gauze and grasp it firmly at the vulva with one hand, while the other grasps the uterus above the pubes, thus using the combined method for extraction of the placenta.

Now flush the vagina and uterine cavity with sterilized water as hot as the patient can bear. *En passant*, permit me to say that all up and down this broad land writers are advocating the use of bichloride of mercury for uterine lavage. On the other hand, the authorities of Berlin and Vienna condemn it, holding that mercury should never be used in the cavity of the uterus. In no field of practice is so little discrimination used as in this one of asepsis, no seeming effort being made to affiliate the drug to a particular condition. Solutions of mercury and carbolic acid are used in tuberculous conditions, when it has been repeatedly shown that they are both valueless for tuberculosis, iodine being the drug *par excellence* for this condition.

Sterilized water is preferable for uterine lavage following normal labor. Later, if the lochia shows evidences of disintegration, use a solution of one of the drugs previously mentioned. Again, the hot uterine douche of iodized water is the best of remedies for a non-contractile uterus or post-partum hemorrhage.

You should now examine the perineum, and repair, as far as possible, whatever of damage may have been done. If you are not accustomed to surgical work call in a surgeon to help you. For it is a crying shame to leave a parturient woman with a wound which, if in any other part of the body would receive the greatest care, without any effort to aid in its primary repair. I would not permit such a man to attend my wife or daughter though he were a prince of the realm.

You now treat the uterus as an open wound, securing for it efficient drainage, thorough cleanliness and antiseptic vulvar dressing, and not some old rags fished out of a musty closet. But I see in the dawning of modern midwifery this great art guided by a better training and a better intelligence.

**Stab-Wounds of the Spinal Cord.**—Dr. Otto Bode, summing up on this subject (*Berl. Klin. Woch.*, Jahrg. XXVIII., No. 22), states that the most conclusive symptom is a sharply defined paralysis below the point of wounding, coming on at the moment the wound is received.

As to treatment, he says the external wound should be enlarged and left open. Above all, free drainage should be encouraged, even to the loss of meningeal fluid, and the blood and secretions of the wound should be kept aseptic. Finally, the wound should be allowed to heal by granulations, or sewn up secondarily.

## CLINIQUE.

## STOCKINETTE BANDAGE IN THE TREATMENT OF CHRONIC ULCERS OF THE LEG AND VARICOSE VEINS.\*

BY W. W. BREMNER, M. D., NEW YORK.

CHRONIC ulcers of the leg are of such frequent occurrence, and often give so much trouble that it may be of interest to know that the methodical use of stockinette bandage is almost a specific in their treatment. The even and equable pressure produced by it give results that often seem magical. In varicose veins its action is also very satisfactory, and it is, perhaps, the best application possible; in chronic cases it is necessary to continue the use of the bandage permanently, but in those cases of varicosity occurring during the later months of pregnancy, a skillful application of this bandage until confinement will completely restore the veins to their normal condition, and leave the leg of the patient perfectly clear of all trace of the disease. In addition to this, one of the great predisposing causes of phlegmasia dolens, or phlebitis, is removed. In all these cases which have come under my notice a previous varicose condition of the veins existed. Any one who has seen the terrible results which either of these diseases often leaves when death is escaped, will be glad to know of a means which certainly helps to prevent them. In "Practical Midwifery," by Dr. E. Reynolds, of Boston, it is stated that "One of the most annoying of the occasional accompaniments of pregnancy is the gradual development of varicosity to a greater or less degree in one or both of the legs and ankles. Though not a constant symptom, it is unfortunately extremely common, and, if it does occur, is usually progressive, increasing in amount with the increased duration of pregnancy, subsiding after delivery in part, but seldom entirely, and usually recurring in a more and more marked form with each successive pregnancy;" "but during pregnancy no decrease of the varices can be expected, and, indeed, a complete arrest of the increase is unlikely." He then goes on to mention several palliative measures. This shows that the methodical use of stockinette bandage in such cases must be comparatively unknown, as by its use, commenced soon after the varicose condition begins to appear and continued till term, complete restoration can be effected.

In the treatment of ulcers, in addition to the bandage, there are required, Gamgee absorbent cotton, absorbent lint, oiled silk and such ointments as may be deemed suitable to the case. Two very useful ointments are made as follows:

B. Vaseline.....	One pound.
Acid boracic, pulv.....	One ounce.
Glycerine.....	One ounce.
M.	
B. Vaseline.....	One pound.
Acid carbolic.....	Three drachms.
Glycerine.....	One ounce.
M.	

Either the boracic or carbolic ointment may be used—sometimes one may suit better than the other. Benzoated zinc ointment is useful when the ulcer is complicated with eczema.

When the discharge is moderate and the ulcer small, subnitrate of bismuth dusted on dry, acts most beneficially. When this application is used it should also be covered with the dressing about to be described.

Take a piece of Gamgee tissue, or absorbent lint, a little larger than the ulcer, and spread over it some of the ointment which is judged to be most applicable to the case; should the discharge be very great, place several thicknesses of the dry lint over the first layer, cutting each piece a little larger than its predecessor, so that the edges will not cause uneven pressure on the margins of the wound. Seat the patient on a chair and let him put his heel on a stand of suitable height, or on a corner of the chair on which the physician sits. Whatever may be the situation of the wound, commence the bandaging at the foot. Make the first turn over the center of the ankle, then passing under the foot in a figure of eight. Continue this method of application, going lower and higher alternately, until the whole foot is completely covered and supported, with the exception of the toes and the extremity of the heel. Then commence to ascend the leg by spiral turns of about half an inch each until the center of the calf is reached; above the center the turns should ascend from an inch to an inch and a half each. Care should be observed not to put too much pressure above the calf. Commencing beneath the knee with the second bandage, let it descend the leg in inverse order to the first, terminating at the ankle. This makes the bandage fit more neatly, and permits of a stocking being drawn on easily. Employ no reverses. Two bandages will be found sufficient in the majority of patients, but in very heavy persons three or more will be required. The greatest care should be taken to apply the bandages so as to make the pressure greatest at the foot, gradually decreasing as the leg is ascended. The venous circulation should be completely restored while the arterial is unaffected. It is of use to remember that the same laws govern the pressure of the blood in the veins as hold good elsewhere.

The dressings should be changed as often as required, say every second day when the discharge is slight, every day when the discharge is very great. Bandaging should be continued for a

\* All the materials required can be obtained from J. Reynolds & Co., 303 4th Avenue, N. Y.

longer or shorter period after the ulcer is cured, according to the state of the leg; patients should be instructed how to apply the bandage themselves after they are cured, but on no account before that. In some cases the bandage should be worn permanently.

It is necessary to use two sets of bandages in order to permit of washing them.

The stockinette bandage is very elastic, and affords constant pressure in a most thorough and satisfactory manner, while it permits of free and painless exercise. The gamgee tissue is extremely absorbent, and also very even and smooth.

The immediate and permanent relief from pain which is experienced on the application of this dressing is surprising. Out of the first hundred cases treated ninety-eight were able to continue or resume their occupation as soon as the bandage was put on; and free exercise, instead of retarding, seemed to expedite the cure.

#### ILLUSTRATIVE CASE.

Mr. K.—, aged fifty, a contractor, requiring to be on foot most of the day, was first seen in October, 1886. There was a small ulcer about the middle of the front of the left leg. It had been present for five years, and was originally caused by an injury inflicted by a restive horse. The leg was considerably swollen and was extremely painful. Carbolic acid lotion on lint under oil silk was applied and the leg evenly bandaged with two rolls (twelve yards). The first dressing removed all the pain and most of the swelling, and in two weeks and three days the ulcer was perfectly healed and continues well. He attended to his business without interruption.

No mention will be made of the medicinal treatment; every one must treat their cases as required. Good, plain food and free exercise in the open air should be enjoined. The bowels should be kept regular, and the patient instructed to attend to this point for some time, especially if the discharge has been very great.

The benefits of this method of dressing are seen, however, to their greatest advantage in recent wounds of the leg, sprains and bruises of the ankle and foot, and in acute synovitis caused by injury. The equable and constant pressure obtainable in this way often seem to act as if by magic in reducing the swelling and inflammation; notes have been taken of many cases of this kind, but space will not permit their publication.

An analysis of the notes taken of the first hundred cases of ulcers treated gives the average period of treatment as five weeks. Eighty per cent. of the patients were permanently cured; in the remainder the pain and swelling were removed in almost every case. The bandages, etc., may be obtained from Messrs. John Reynders & Co., 303 Fourth Avenue, New York.

210 West 42d Street.

#### A RESUME OF ORIGINAL PRACTICAL PAPERS AND NOTES OF ESPECIALLY VALUE TO THE SURGEON.

By M. O. TERRY, M. D., UTICA, N. Y.

REMEMBER that for *poisoned wounds of any sort*, from dissection, the bite of a dog, any suppurative inflammation following an operation, or phlegmonous condition attended by heat, pain and swelling, can be most speedily controlled and arrested by bromine in the proportion of 1-100 to 1-200. Simply keep the part effected soaked with one of these solutions, depending of course on the intensity of the poison. I know of nothing in the *materia medica* equal to it. This energetic remedy has, I believe, saved my life on several occasions, and I believe if such wounds are treated by it, hundreds of lives will be saved each year.

Remember that *sinuses and fistulae* may be cured quickly and without pain, and the annoyance of being laid up by pursuing the following treatment: Wash out the cavity with a solution of peroxide of hydrogen, using it pure as purchased (16 vol.). If a fistula, insert into the rectum a plug of absorbent cotton well covered with vaseline. A recent fistula may close up if you simply saturate the walls with the tincture of iodine, dressing the external opening with an antiseptic cerate such as eucalyptol, iodoform or the sanitas jelly. Should the walls appear patulous, however, it will be necessary to apply *caustic potash*, which can be done safely if you will cover a probe with a thin layer of cotton, moisten it, after which rub it over a stick of caustic, then pass it through the fistula rubbing it well against its walls. If afraid of too much action it may now be neutralized with a weak solution of acetic acid or vinegar. In order to make the operation a painless one, a four or eight per cent. solution of cocaine should be used after cleansing the canal with peroxide of hydrogen. Dress same as previous form.

Warts in colonies or isolated will usually disappear within two weeks if treated with some alkaline preparation, using it strong but not for caustic effect. Years ago a solitary wart preempted a portion of my hand and soon a colony had taken possession. I wished, I prayed, and burned it off (the original one), but the old fellow came up as soon as a new house after a fire. I finally soaked three of the largest ones each day with a ten per cent. solution of caustic potash, and much to my surprise *all* had disappeared within two weeks! Bearing this in mind, I soon had an opportunity of testing what I supposed might be a mere coincidence. A young man came with twenty-seven. I selected three of the largest and in the specified time they had gone. I have since found that carbonate of soda crystals when moistened and rubbed over warts so as to allow

them to drink freely of it, as it were, soon showed their dislike for such treatment by quietly leaving without trace or scar.

Gonorrhœa, gleet and chordee may be treated more satisfactorily than by any advice I have found in any standard work. A few years ago I had a patient who suffered greatly from chordee. Internal medication and cold water failed to give any permanent relief. An injection of *cosmoline oil* to which was added a two per cent. solution of cocaine gave immediate relief. A case of gonorrhœa, two days old, came to me a few days since. The discharge was just noticeable, and its character shown under the microscope to contain gonococci or gonorrhœal threads. The bladder irritation was marked and the titillation disagreeable. After urination the following injection arrested the discharge and no specific matter could be found under the microscope after twenty-four hours: *Cosmoline oil*, oz. 1; *iodoform*, gr. x.; *cocaine*, gr. 4. Dissolve latter first in smallest quantity of water. As this is an emulsion it is necessary to shake each time of using, which should be every three or six hours depending on condition.

For simple gleet uncomplicated with stricture, I use the following, having found it to work better than any combination ever used: B. *plumb. acet.* gr. 128; *tinct. catechu*, m. 256; *opii acet.* m. 256; *zinc. sulph.* gr. 64; *aqua dest.* qt. 1. Sig: Inject three or four times a day. This prescription is one used under a copyright name.

Internally for gonorrhœa I have invariably given five grain doses of bicarbonate of potash every three hours, diluted well in water, and when better at longer intervals, half an hour before meals. Also sandalwood capsules, using two after meals, discontinuing when discharge ceased, or using one for five days after each meal.

#### DIETETIC THERAPEUTICS.

**Food Before Sleep.**—Dr. Wm. J. Cathell says many persons, though not actually sick, keep pale, debilitated and below par in strength and general tone, and he is of the opinion that fasting during the long interval between supper and breakfast, and especially the complete emptiness of the stomach during sleep, add greatly to the vast amount of emaciation, sleeplessness, languor and general weakness we daily meet.

**Diet of Typhoid Fever.**—In the *Medical and Surgical Reporter*, December 5, 1891, p. 889, Dr. Lehlbach emphasizes the fact that typhoid fever is a wasting disease, and calls attention to the researches of Prof. Ernst Kohlschuetter who found that a curve representing the waste of tissues in typhoid fever always followed a uniform course, the amount of waste being in direct proportion to the height of the fever. Have we yet found a food which will compensate for the loss? is the question he raises. Only a small part of albuminous foods can be assimilated by a fever patient. A large detritus is left, therefore, which must greatly irritate the typhoid ulcers if allowed to pass over them. From observations that Lehlbach has made among numerous typhoid stools and at autopsies

on several cases, he is convinced that very little of the casein of the milk is really digested, and the other constituents—the milk serum, with its salts, its sugar, and its cream—form the essential elements of nutritive value in these conditions. He believes, therefore, that milk is not a perfect food in these cases, and its use should be restricted.

He advises the addition of carbohydrates to the dietary, such as boiled rice, either with or without milk. The food thus converted into caloric saves so much of the living tissue from being burnt up. The dryness of the mouth and tongue so often present in this disease is less apt to annoy the patient under such diet than with milk alone. In addition he advises giving a small amount of one of the malt extracts to promote assimilation. His results have been very satisfactory.

**Roast and Baked Meats.**—A writer in the *Lancet* says that the adoption of the closed range has to a great extent caused the abandonment of the method of roasting our meats before an open fire, and substituted therefor the process of baking in a close chamber or oven. The latter no doubt is the more convenient and economical method, but it may be questioned whether it is as wholesome. In baking the meat is, as it were, cooked in its own juices; the vapors exhaled from the warm meat are confined in the close oven and do not escape into the atmosphere, adding no doubt to both the flavor and richness of the food. At the same time the joint surrounded by this dense vapor does not yield its juices so freely as when roasted. Moreover the gravy from baked meat when cut, always yields more grease than does that from roast meat.

It is this retention of the volatile aroma and unctuous juices that renders baked meat so popular, and no doubt with persons of strong stomachs it is not harmful; but when digestion is weak it is undoubtedly injurious, and, when continued, its use aggravates or causes indigestion, and in many instances very considerable benefit has resulted from the physician's advice to the patient to have his meat roasted instead of baked.

Our knowledge at present regarding the respective digestibility of different fats is very imperfect; still the general and popular opinion is that the more oily fats are less digestible and more "biliary" than the solid, and it is these fluid fats which form the grease of cooked meats.

The author states that he does not wish to raise a panic with regard to the useful oven, but merely suggests that baking may in some instances be the unsuspected cause of indigestion, in which case a return to the roasting jack and the open fire would prove to be a step in the direction of a rightful cure.

**Hygienic Treatment of Bright's Disease.**—Chiron in *L'Union Médical*, June, 1891, gives a review of the different dietetic treatments of Bright's disease, and says, as a general rule, dark meats, such as wild fowls, and extracts of meats, such as Liebig's, should be avoided. The chief danger in such foods is the toxic quality of the ptomaines they contain. In the periods when the disease is not active, white meats can be used, all condiments to be avoided. Some patients bear fish badly, but shell-fish can be used in moderation. Some patients bear milk and vegetable diet badly, and, in such, meats can be cautiously used, the urine being frequently examined to see that the albumen does not increase. Eggs are a disputed article; sometimes they agree well and sometimes badly. When, however, the digestive tract is in good condition, they usually are well borne. Milk diet is, as a rule, the one best borne; it acts as a diuretic, diminishes the albumen, and increases the urea. Three and a half to four litres a day may be used. Certain patients, however, can not use an absolute milk diet, and in them a mixed diet is useful. A grape diet, skimmed milk or koumyss may be used with advantage. Most authors allow beer and a slight amount of light wines. In acute Bright's disease physical effort

often increases the albuminuria. In this condition, and in the acute exacerbations of chronic nephritis, a patient should be in bed. In the chronic condition slight exercises are admissible, but where there is much polyuria or hypertrophy of the heart it is not to be permitted. Patients should avoid being chilled, and in winter should remain in a temperature as near as possible 75 to 85, and should wear flannel underclothing. The functions of the skin should be carefully looked after; baths, tepid and hot, followed by frictions and massage, are recommended by most authors, though Lecorché and Talamon recommend the cold bath.

**Pineapple Juice.**—Some time ago the late D. V. Marcano, of Venezuela, noted that pineapple juice contained a proteid-digesting substance. No careful study of this fact was, however, made by him. Recently, professor R. H. Chittenden, assisted by Messrs. E. P. Joslin and F. S. Meara, have investigated the matter fully, and announce facts which are likely to give to the succulent pineapple a prominent place in dietetics.

Pineapple juice is an acid fluid of specific gravity of 1.043. An ordinary pineapple yields 600 to 800 cubic centimeters of it. The proteid-digesting power is quite remarkable in its intensity. Three ounces of the juice will dissolve ten or fifteen grains of dried albumen in four hours. The action takes place in acid, neutral, or even alkaline media, thus resembling trypsin more than pepsin. It acts best in neutral solutions. The pineapple juice contains also a milk-curdling ferment. A well-known meat powder is said to be prepared with the help of pineapple juice.

**How to Drink Milk.**—Some complain, says a contemporary, that they can not drink milk without being "distressed by it." The most common reason why milk is not well borne is due to the fact that people drink it too quickly. If a glass of it is swallowed hastily, it enters the stomach, and then forms in one solid, curdled mass, difficult of digestion. If, on the other hand, the same quantity is sipped, and three minutes at least are occupied in drinking it, then on reaching the stomach it is so divided that when coagulated, as it must be by the gastric juice, while digestion is going on, instead of being in one hard condensed mass upon the outside of which only the digestive fluids can act, it is more in the form of a sponge, and in and out of the entire bulk the gastric juice can play freely and perform its functions.

**Cure of Alcoholic Cirrhosis by Milk Diet.**—At a meeting of the Paris Société Médicale Des Hôpitaux (*Progrès Méd.*), Dr. Millard read a communication on a new treatment of alcoholic cirrhosis, illustrated by four cases. The latest of these was that of a hotel-steward, aged 46, who had been a hard drinker for several years. Last July, his digestion began to trouble him; three months later, cirrhosis was fully pronounced, with considerable ascites, etc. He was put upon an exclusive milk diet, and juniper berries in twenty grammes of German brandy were prescribed. This was followed by an abundant diuresis; then, in a week, the ascites and edema of the lower extremities disappeared entirely. Improvement continued slowly but steadily, the most persistent symptoms being the sub-icteric hue of the complexion and the swelling of the liver and spleen. The patient's general condition is now excellent; he has gained flesh, and digestion is good. His cure is undoubtedly complete. The liver is still somewhat enlarged, but in these cases it is impossible to bring about a *restitutio ad integrum* of all the organs. In the other three cases referred to, while recovery is perfect, there is also some degree of hepatic swelling. In fact a cirrhotic liver never returns to its normal dimensions. Cures of this disorder are obtained only during its two earliest stages, viz., those of simple hypertrophy, and of hypertrophy with ascites. At a later period, proliferation of the embryonic cells takes place, which obstructs the

venous circulation and produces dropsy; such proliferation, however, may possibly retrocede. If, on the other hand, the growth of connective tissues continues, and is supplied from fibrous tissue, the hepatic sclerosis is indefinitely reproduced in spite of treatment, which, therefore, must prove unavailing.

**The Dietetic Treatment of Neurasthenia.**—Dr. Bilfinger advises a diet which, while nutritious, should be as free from irritation as possible. In his opinion a modified vegetable diet is least liable to excite the nervous system, and for this reason milk and oatmeal porridge are especially useful. If after a time this diet excites disgust, it may be improved by addition of chocolate and cocoa. In cases of neurasthenia where marked anemia exists, and where an increased supply of albumen is requisite, the ground meal of leguminous vegetables is indicated.

**Therapeutic Uses of Olive Oil.**—Dr. A. M. Osborne (*Pacific Druggist*) points out many uses for olive oil which, in ordinary practice are either unknown or overlooked. For supplying nutrition to the feeble, correcting faulty digestion, overcoming anemic conditions, righting the errors of the emunctories, feeding the hungry tissues of brain and body, and for treating an almost innumerable train of ailments, he found pure olive oil efficacious in every instance. He recites several cases, of widely different nature, in which this oil was used almost to the exclusion of all other remedies, with results of the most gratifying nature. During an epidemic of measles, in an institution of which he is the head, he ascertained that frequent inunctions of olive oil relieved the most distressing symptoms of the malady entirely, and generally effected a cure. He thinks that it stands unrivaled as an element of natural food; that it is unsurpassed as a remedy in most, and probably all wasting diseases, where it relieves the stomach, rests overtaxed digestive organs, lubricates inflamed alimentary tracts and arrests their further congestion, satisfies almost all demands of the system for a concentrated heat-producing food, and restores to a worn-out or broken-down tissue just such elements of repair as its reconstruction demands; that it possesses a direct alterative effect in constitutional diseases; that it exerts a distinctive influence upon the liver, and apparently, also, the kidneys, and that the benefits to be derived from its use in liver derangements are not at all chimerical; and that its reconstructive properties follow its external application quite as readily as when given internally, and in some cases the former seems to be preferable.

**Relation of Drinking Water to Disease.**—At the Washington meeting of the Association of American Physicians, Dr. H. P. Walcott read a paper on this subject, in which he said that a method for determining the safety of drinking waters had been lately somewhat practiced in this country and had attracted much attention. It consisted in the injection into the abdominal cavity of the rat of a minute portion of the water to be tested, previously mixed with a sterilized bouillon, and kept in a thermostat at the temperature of the body for twenty-four hours. If the animal survived the introduction of the fluid, the water was pronounced safe; if the animal died, the water was rejected. It was found that water polluted by the excreta of typhoid fever patients was fatal to the animal, as also were some waters known to be safely used by large communities, but contaminated by *bacterium coli commune*, and waters to which had been added cultures of the bacterium. This was a bacterium found in all our sewage-polluted streams, and not proved to be the origin of disease in man. As the result of a very large number of analyses of ice, which was a substance used so largely now, it was found that it was frequently supplied from sources where the water was very much polluted; and, as it was known that many forms of life were not destroyed by freezing, this left a fertile source of disease.

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## AN ESSENTIAL FACTOR IN CURE.

THE recent excitement in this city over a relic which is claimed to be a portion of the humerus of St. Anne, the mother of the Virgin Mary, and, as a priest said to the crowd who thronged about the "holy relic," eager to kiss the box in which it was inclosed, "the grandmother of God," and the cures claimed to have been produced by the Divine influence flowing from it, naturally suggests the question, How much of the disease we are called upon to treat is real and how much imaginary, how much may come under the control of the studied rules and carefully applied drugs of the medical profession, and how much and what kind can best be treated by direct spiritual influence? On a visit, last summer, to the immense church of St. Anne de Beaupré, near Quebec, where, it is said, is one of the phalanges of the finger of St. Anne, we found hundreds of crutches, canes, eye-glasses, ear-trumpets, and mechanical appliances to support different parts of the human frame, grouped about the pillars and the altars, as useless. The maimed, the blind, the deaf, the paralyzed, who had passed through long years of suffering and exhausted the skill of the medical profession, were made well again by the concentration of all the powers of the mind upon the one, to them, indisputable fact that the relic was the medium of the Divine influence through which the all-creating God touched the God within them and made them whole. To them it was the spiritual triumphing over the material, and the God which endowed the material elements of their being with

life, asserting its right and power to control those elements as He willed.

It is not for us to question the sanctity of these "holy relics," or how the marvelous cures which it is claimed they have performed in all ages of the world, among the Buddhists, the Mohammedans and the Christians have been produced, but if God is the spirit of life, and the life within us, which has combined elementary matter into living tissue, is a part of God, is it not natural to suppose that any cause which will produce a concentration of the mind upon what it firmly believes to be all powerful will be a great factor in many, very many cases in the work of cure. There is a reason then why the professions of theology and medicine, involving the welfare of both soul and body, should be closely linked together in their work and their sympathies. Both should be magnetic, both should be honest and convey the impression clearly and distinctly that first and foremost in the mind, above every personal consideration of pecuniary gain, is the desire for the relief and welfare of the individual and the determination to use every possible means to accomplish the desired result. The despairing patient is placed by the individual will almost beyond hope of relief; while the elastic spirit, the strong will, the confidence in the means used for relief are strong factors in the work of cure, and often accomplish more than the remedial agents used in the form of drugs. The successful physician is many sided, full of resources and with almost an intuitive perception of the mental condition and temperament of the patient with whom he is brought in contact. As he enters the sick-room there is something in the tone of the room, the atmosphere, the look of the patient, which gives him his cue and opens the door to confidence. With one a genial smile, a merry word, an air of assurance; and with another the tender word of inquiry, the sympathetic look and tone are the open sesame to the heart and the confidence. If the magnetism of a powerful will, inspiring hope and confidence, arouses into strength the latent energies of the patient to act in his own behalf, why should it not be used with all its force as a great factor in the work of cure, adapting the remedial agents of drugs, food and surroundings to this newly awakened energy.

The time is passed when the intelligent physician looks upon the human body as simply a machine composed of a combination of elementary matter, to be fed like an engine or blown out like its boiler, with the axles carefully oiled to prevent friction, but detects in the working of the human economy, in the display of nervous energy, and

back of it, in the play of spiritual forces, a power, an energy, a subtle influence which must be met, not by material force alone, notwithstanding this is often necessary to clear away obstructions, but by something akin to these forces themselves, in the power of will, in the life of the plant and the mineral as essential to their life and growth as the nerve and spiritual forces are to the individual. Comprehending this great fact, the keynote of specific treatment is struck and the gradual unfolding of a therapeutics which brings the vitalizing of mind and the subtle life power of the vegetable and mineral world into action in correcting the disturbed vital forces of the human economy, places the entire medical profession upon the same line of investigation, and points inevitably to the same conclusions.

#### ANSWERS TO ENQUIRIES.

A CORRESPONDENT asks us for the best remedies for enuresis.

In young children who are restless at night, talk or moan in their sleep, and are inclined to cerebral congestion, belladonna one drop of the tincture at bedtime, will remove the whole trouble. In many cases a fraction of a drop is sufficient. Children are very tolerant of belladonna and there may be no fear in administering it. Benzoic acid will be found an excellent remedy when the urine is very offensive. Cantharis in doses of a fraction of a drop will be found useful where the secretion burns on being voided, there is stranguity and frequent desire to pass water.

*Equisetum hyemale* is one of the newer remedies, and it has been much lauded in this affection. It is useful in cases where there is great irritation, the pain and tenderness not being relieved by micturition. There is constant desire, with scanty flow of high colored urine.

*Sepia* is most often indicated in girls, but when there is excessive deposit of urates, it will be found useful in any case. There is frequent desire with a feeling of distress.

The *Medical and Surgical Reporter* for May 21, 1892, contains an account of the mechanical treatment of this affection, as proposed by Dr. Julius Csillag, which is worthy of our attention:

"Csillag takes the same view of this affection as Ultzmann, viz., that it is caused by a lack of innervation and weakness of the sphincter of the bladder. The cases which Csillag has successfully treated with this mechanical method included many which had resisted all other treatment, both internal and local.

"The method was originally suggested by

Thure Brandt—whose contributions in the field of massage are so well known—and Csillag has slightly modified it. Briefly described it as follows:

"1. The patient is placed in the lithotomy position, and the physician introduces his right forefinger into the rectum, and seeks the urethra below the symphysis. Then following its course in the direction of the neck of the bladder, presses the urethra against the bone and executes a slight vibrating pressure with the finger. This is repeated five or six times. In the meanwhile the fingers of the left hand press externally in the direction of the internal finger and simultaneously execute this vibratory pressure. This act which, as has been said, is repeated five or six times, is designated by Csillag as pressure of the vesical sphincter. That the bladder should be emptied previous to this part of the treatment is obvious.

"2. The patient is kept in the same position, and the physician, holding his hand parallel with the axis of the body, presses deeply into the pelvis with the finger tips and again executes a vibratory pressure. This is repeated twice or thrice, and is called by Brandt a pressure of the hypogastric plexus.

"3. The patient is laid upon the back with the limbs outstretched and lying parallel to each other. The physician then grasps the patient by the ankles and pulls them apart, encouraging the patient, meanwhile, to endeavor to resist his movements. Now the patient brings his legs together, the physician resisting the movement.

"4. The patient is again placed in the lithotomy position, but with his knees together. The physician stands at the side of the patient and presses the knees apart, the patient meanwhile offering resistance. Then the patient brings his knees together while the physician offers resistance. By means of these last two exercises the adductors and abductors of the thigh and the recti abdominalis muscles are brought into play, but simultaneously also the muscles of the floor of the pelvis are exercised. The anal sphincter contracts forcibly, and with it the vesical sphincter, owing to the synergism of the two muscles.

"5. The patient stands, bending slightly forward, and resting his hands against a table, crosses his legs, and then, upon command of the physician, contracts the anal sphincter as though he were endeavoring to restrain a movement of the bowels. This exercise, which can be intrusted to the care of the parents of the child, should be repeated four or five times in succession, and repeated hourly. It tends to greatly strengthen both the anal and vesical sphincters.

"6. The physician then stands to the left of the patient, and with the tightly-closed fist strikes the sacrum. The movement of striking should proceed from the wrist only. The striking of the sacrum slightly excites the nerves leading from the spinal column to the organs in question.

"While the technique of this method seems at a first glance to be complicated and perhaps tedious, yet in reality is most easily carried out, and is excellently borne by the little patients, who seem to look upon it more as an amusement than otherwise. The beneficial results are not long in becoming manifest, and if continued, recovery will be complete and permanent."

It should be borne in mind that enuresis is not a habit, but is due to irritation from some cause, which should be found out and removed; if it is a long foreskin, cut it off.

The same correspondent asks us for reliable remedies for worms, but does not state the variety.

We will, however, give a few suggestions, which if not sufficient, shall be augmented in the future.

It is a well-known fact, that the seat-worm deposits its eggs in the folds of the anus, and is then thrown off with the faeces after an existence of eight days.

These eggs are hatched, if not disturbed, and after a life of eight days the newly hatched worm follows the parent through the process above mentioned. With a knowledge of these facts, our first duty is to prevent this evolution by interfering with the hatching process. The best way to do this is to anoint the tissues involved with some oleaginous agent for *ten successive nights*—which will more than cover the life-time of these pests—and thus stop the hatching of more worms. For this purpose, lard is the best agent, and it should be applied *thoroughly* to the folds of the anus each night, for the ten successive nights. Vaseline and lanolin are too readily absorbed to be of service in these cases. Hering proposes to attach a string to a piece of fat pork and passing it beyond the sphincter muscle, withdraw it by the aid of the attached string. We have never failed with this treatment in the cases of children, but with adults, it is sometimes necessary to inject melted lard for the same length of time, as the folds are not always reached by the anointment. If not successful the first time, try again. The treatment is perfectly simple, harmless, and the best we know for the purpose.

The round worm requires first a rigid system of diet to suit the individual case, and it should

be of most simple articles. Some drug is generally required to rid the system of these pests, but the best plan is to adopt constitutional treatment, and frequently this will be sufficient to accomplish our purpose. The alterative effect of sulphur, the tonic influence of iron, or of quinine in small doses, may be called for and will be of splendid service. If, however, the worms do not disappear under this treatment, we may use worm-seed, drop doses of the tincture every two hours, or santonin, the active principle in grain doses, mixed with sugar of milk, three times a day.

The indications which will call for cina are irritability, with disinclination to being carried or caressed. (If the opposite condition exists and the child wants to be carried incessantly, use drop doses of the tincture of chamomilla every two hours.) The child rejects everything that is offered, looks pale and sickly, bores its nose with its finger, is restless at night, moans in its sleep, and may have convulsions.

Pink root, a tincture made from the freshly dried plant in the same dose as above, will sometimes be found of service. Spigelia will relieve the irritation which causes by reflex, spasmodic movements of the facial muscles, subsultus tendinum and even convulsions. There will generally be much pain of a neuralgic character in different parts when this remedy is indicated. Belladonna and calomel may be used according to indications.

Tape-worm may be expelled with certainty by the use of pomegranate pelletierine, imported by Fougera & Co., 30 N. William street, this city, indications for the use of which accompany the package.

#### DR. JANEWAY'S RESIGNATION.

BELLEVUE Hospital Medical College has lost its professor of practice of medicine, Bellevue Hospital has lost one of its most eminent attending physicians, and the Board of Health of this city its consulting physician. Why? Dr. Janeway says because these institutions are managed by politicians for political purposes! If this statement is true, the people of this city have reason to feel regret. It is a great mistake to allow such institutions as those mentioned to be managed by politicians, or to allow politics to enter, in any way, the management. It has been rumored for a long time that the Bellevue Medical College management would not bear investigation, as conducted by Dr. Austin Flint, Jr. His arbitrary treatment of students was recently shown up in the courts by the decision of Justice Van Brunt, confirmed by the Court of Appeals,

a full account of which we published at the time. We advise students to make careful investigation before matriculating here. This college is most bigoted in its interpretation of questions of ethics, and will not admit a student whose preceptor is not bound by the ethical laws which its dictator may consider orthodox.

The *New York Recorder* for March 2, 1892, has a long account respecting diploma selling and bogus diplomas, in which one Dr. Hayes and Bellevue Medical College are mixed up in this business in a suspicious way. There is certainly a great deal of smoke about Bellevue College at present, and Dr. Janeway is well out of it.

The point with us is, how Dr. Janeway could have stayed there so long as he did?

The question has been asked, why the college is allowed to occupy the building it does, on land owned by the city, when the premises are needed for the charities of the city?

The college is a private corporation whose capital stock is owned by the professors, and they receive large dividends therefrom, and maybe the politicians are stockholders also.

The hospital is managed by the Commissioners of Charities and Correction, and we firmly believe that so far as the physicians are concerned politics has nothing whatever to do. Our experience with this department confirms us in the opinion that the question of politics never enters the medical management in any respect. We have personally known every commissioner of this department, with one exception, for the past seventeen years, and more honorable gentlemen we have not met. During this time, in the appointment of medical officers to one of the large hospitals with which we are personally familiar, political affiliation has never been a factor.

The Board of Health, we have understood, has in recent years become a partisan organization in respect to all its appointments, and is greatly to be commiserated for its degradation; and we congratulate Dr. Janeway for his courage in taking the position he has in respect to it. The high-minded physician will not be a party to civic politics as connected with medical appointments, and our municipal authorities should be made to realize that medical ethics will not admit of city politics being thus mixed up. Here is a field for the Academy of Medicine and the County Society to make their influence felt in the interest of pure and decent ethics.

**Correction.**—The editorial "Whither are we Drifting," copied by the *Lancet and Clinic*, from which we quoted in our last issue, should have been credited to *The New Remedies* instead of to the *Homeopathic News*.

#### FROM HOMEOPATHY TO SCIENTIFIC MEDICINE.

THE *Cleveland Medical Gazette* makes the following comment editorially, on our reply to the *Toledo Medical and Surgical Reporter* upon the above subject:

"We believe that the efforts of the TIMES are appreciated by the great body of physicians practicing scientific medicine. There may be a graduate of a so-called Homœopathic Medical College in Cleveland who makes use of the word 'homœopathic' on his sign and on his cards, but we must confess that we have not seen any such in years. The American Medical Association admits to membership all physicians discarding sectarian titles. The newly organized Cleveland Medical College has discarded the word 'homœopathic' from their catalogues, announcements, etc. Many physicians in Cleveland belonging to the so-called homœopathic school of practice are doing a large practice, not because they are homœopaths, but because they are fitted, educationally, scientifically and socially, to do their work. We are well aware that a large number of practitioners make use of this school as an advertising scheme to gain practice; that they are animated by a spirit unworthy that of a scientific physician; but we have no doubt that such individuals are detested alike by all right thinking physicians. It seems to us that the time has come when we should ignore the old prejudices handed down to us by our ancestors, and not ostracise from the profession every physician whose early training and surroundings were such that he entered a homœopathic medical college, and consequently his associations have been with practitioners of this sect.

"The great obstacle in the way of a speedy union of all practitioners of scientific medicine in one large, aggressive body is the present Homœopathic Medical Colleges. Some of these are already organized and equipped, both in money and brains, to teach medicine thoroughly and successfully. It is not to be supposed that they are going to disband. They will continue teaching medical students to the best of their ability, and it is incumbent on the profession to recognize this fact. And so soon as they drop their sectarian dogmas and titles the profession doubtless will admit graduates of such institutions to fellowship in medical societies, and meet them in consultation, and recognize them as members of the profession, providing these colleges comply with the necessary requirements as to scientific educational qualifications. We believe that some homœopathic colleges do meet these requirements now,

and if they do not they would soon comply with this demand.

"In Germany a lecture on homœopathic medicine is added to the curriculum of the regular schools, and in that country the distinctive school of homœopathy is as thoroughly done away with as could be wished. The latest statistics give only thirty-seven homœopathic practitioners in the whole of Germany."

We sincerely hope that our colleague is correct in his belief that our efforts *are* appreciated, as we naturally think they ought to be.

We must admit that the sectarian designation is *rapidly* disappearing, we see it upon every hand, and in localities where we least expected it. We constantly meet physicians who have been strong sectarians in the past, who are now as strongly opposed to sect, and the day is not far off when the designation "homœopathist" *must* disappear.

It is a great step forward on the part of the American Medical Association, that it *will* admit to membership any physician who discards sectarian title, who is otherwise qualified. In support of this position we have the excellent address of Dr. Roberts before the Philadelphia County Society quoted in our last issue, which strikes the keynote of the future on this subject.

We agree with our colleague that the Homœopathic Medical Colleges are *the* great obstacle to medical union.

We have been laboring for a long time to induce these colleges to drop the sectarian title, and we were pleased to observe that the new college at Cleveland organized without it. We can see no objection to the name of Hahnemann being applied to a medical college any more than Rush, Cooper, Sims or even Jefferson. Hahnemann was an educated man of great ability of the day in which he lived, a member of the Medical Society of the County of New York, and not the only man of vagaries and fanciful notions who has been lauded for his efforts.

What objection can there be to his admirers using his name if they please, as a mark of their respect, in the same manner that other names are used. Certainly there is no ethical objection that can be urged.

We should not forget that, while Hahnemann coined the words homœopathy and allopathy, he did so for the purpose of indicating the effects of drugs, and not for the purpose of designating sects in medicine. Hahnemann was as much opposed—as may be seen by reference to his "Lesser Writings"—to sectarian designation as we are, and we feel that we are carrying out his highest wishes when we advocate the abandonment of all

such titles. It is a great pity that students of medicine should be handicapped by sectarian designation, by those who ought to know better than to do so, and it is the duty of those medical colleges which still hold on to this relic of bigotry, to sacrifice it in the interest of their pupils.

#### A LANGUAGE FOR SCIENTISTS.

THE *Medical Record* calls attention to one great drawback which is patent to all who take part in international scientific meetings, and which, so far from diminishing with time, seems only to become more and more apparent at each succeeding congress. This is the want of a common language. "Some men there are whose acquaintance with the three official tongues is so familiar that they can take part in all the proceedings with ease. Indifferent as to what language may be used, but they are few, the majority, and these are not unfrequently the most learned in their respective specialties, can command but one tongue, and thus two-thirds at least of what is said is lost to them. They can not discuss a question, because they have not heard it, and if they read a paper they are unintelligible to one-half at least of their auditors. Admitting that discussions are for the most part useless, yet they are not always so, and often a thought which has flashed into the mind of the speaker, and is then and there given out, is pregnant with ideas of great value. All this is lost when the hearer understands no more of what is going on about him than if he were at a convention of deaf mutes. . . .

"In almost all the discussions of this question of language, which are always provoked by every international scientific gathering, the only solution arrived at seems to be that Latin must be rehabilitated as the mother tongue of all the sciences. It is said that the Frenchmen will never speak German, the Germans will never speak French, and neither Frenchmen nor Germans will, nor as a rule can, speak English, consequently they must all meet on the common ground of the Latin. Of course, volapük, esperanto, spelin and all the other made-up languages, which have been so persistently advocated by their inventors, are out of the question. But why not Greek? This is a more flexible and more beautiful language than Latin, equally clear and expressive, and at the same time much better adapted for use as a conversational tongue. The modern form of the language, such as is in use in Athens to-day, is easily learned, readily adapts itself to the formation of new words to express modern in-

ventions, words formed, nevertheless, on strictly classical models, and differs as little from the Greek of Xenophon or of Plato as the English of to-day does from that of Chaucer or of Spenser. We commend a consideration of the claims of Greek to those of our esteemed contemporaries who are agitating anew the subject of a universal language of science."

To which we would add that if the above happy suggestion were carried out, modern Greek might be taught along with Latin in all our preparatory schools. This would render classical studies very much easier for the learner, should he decide to take them up. The language of Xenophon and Plato being in fact *not* dead, why should it be always treated by the world at large as if it were?

#### INFANTILE ATAVISM.

LOUIS ROBINSON (*Brit. Med. Journal*) has made some very interesting observations upon infants in a British workhouse. It is well known to every Darwinian student that animals show their resemblance to their ancestors in infancy or in fetal life much more than when full grown. Thus, young lambs show their mountain origin by always seeking the highest point of their range while at play. Young lions are irregularly spotted, indicating their descent from the great forest-haunting cats, although when grown to maturity they are tawny, like other desert denizens. Certain distinctive habits in young animals were absolutely essential as means of self-preservation in the era of wildness. Among these are the extraordinary galloping power of the colt and the instinct of the calf to conceal itself. Dr. Robinson had also noted the great development of the muscles of the shoulder and forearm of the fetal child, and this had directed attention to the singular strength of the new-born ape's grip when seizing hold of the mother or the tree. Du Chaillu called especial attention to this, and to the danger to which the ape would be exposed were its grip to be relaxed. The theory of Darwin that we are descended from a tree-climbing ape led Robinson to test the strength of the grip in infants; as this seemed to be a habit indicating a means of self-preservation in remote ages that would probably be still evident, from its vast importance to the anthropoid ape and the primitive man. It was found that even in human infants prematurely born there was a notable grasping power, and that the strongest were able to hang by the hands and support their whole weight for over two and a half minutes. Nearly all the infants experimented upon were under a month old.

#### IS THE PROBLEM SOLVED?

THE use of the *vermiform appendix* has never yet been determined unless it is, as is supposed by many naturalists, the connecting link between man and the brute creation. It is often the seat of serious and often fatal trouble, and anatomists and physiologists would have been very glad to have found a use for it in the human economy if possible. Clado, in quite an interesting monograph, attempts to show that the functions of the appendix are those of a gland, and that it acts as an intestinal tonsil. The investigations of Dr. Gullard, published in the *Edinburg Medical Journal*, raises the tonsils to a higher dignity in the physiological work of the human system than they have ever had before. According to Dr. Gullard, the tonsils faecal, lingual and pharyngeal constitute a very complete leucocyte factory, arranged to further the reproduction of leucocytes by mitotic division of pre-existing leucocytes. The reproduction is sufficiently active, as a rule, to keep up a continuous outward stream of these cells, prevent the entry of foreign substances into the tonsils, form a protective ring or zone between the mouth, which abounds in microbes, and the rest of the alimentary tract, and form a protective ring around the upper part of the respiratory tract.

THE BULLETIN of the New York State Board of Health for March, gives the lowest annual death rate for the maritime district to Westfield, being 11 per 1,000; New York City having 27; Hudson Valley District, Fishkill, having 10 per 1,000; the highest being Poughkeepsie with 28-30; Adirondack and Northern District, Ellisburg being 9 for 1,000, the highest, Potsdam 24; Mohawk Valley District, Ilion 6, Ballston Spa 37; Southern Tier District, Horseheads 8, Corning 25; East Central District, Baldwinsville 8, Delhi 36; West Central District, Warsaw 3, Seneca Falls 30; Lake Ontario and Western District, Amherst 9, Buffalo 22.

#### FERRUM CHLORIDE.

THE preparations of iron for medicinal purposes are innumerable, and yet we have found none so generally satisfactory as the old-fashioned preparation of tincture muriate of iron. How much of the beneficial effect of this preparation is dependent on the iron and how much on its solvent, the muriatic acid, it is difficult to say, but we certainly get results from iron in combination with muriatic acid which we can get with no other combination. The only objection to this

preparation is its action on the teeth when given with water, unless taken through a tube. And yet the pure tincture has no effect on the enamel of the teeth, and it is only when combined with water that the chemical action which leads to destruction is started. To obviate this difficulty, Parke, Davis & Co. have prepared a syrup from the formula of Dr. Weld, of this city, which can be taken in its pure state with no danger of disagreeing with either the stomach or teeth or offending the taste, and which retains all the virtues of the old tincture. The preparation can be taken in doses of from one to two teaspoons three times a day. In anaemia and general debility, and in all cases where there is a lack of haemoglobin, the remedy will prove of great value.

#### HEALTH OF THE CITY.

THE report of Dr. John T. Nagle, Register of Records, from January 1st to May 11th, shows that the deaths during that time were 17,061 as against 16,715 the corresponding period last year. This, taking into consideration the increase in population, is a decided reduction, and is undoubtedly owing to a certain extent to the energetic action of Mr. Brennan, the new head of the Street Cleaning Department, who now, that increased power has been placed in his hands, will undoubtedly in the future do still better work. During the same period 17,978 births were recorded in the Bureau of Vital Statistics as against 15,139 for the corresponding period last year, an increase of 2,839. The stringent measures taken within the past few years by the Board of Health has without doubt insured the record of all the births in the city. There have been 5,628 marriages recorded as against 5,560 for the corresponding period last year. It will be seen from all these records that the death rate is decreasing, while there is a decided increase in the ratio of births.

METHYLINE BLUE.—About one year ago an account was published in a Berlin medical journal on the value of methylene blue in malarial fever. Since that time a careful study has been made of the drug by Professor Osler, the brilliant author of a recent work on "Theory and Practice of Medicine," on seven cases in his wards in the Johns Hopkins Hospital. The conclusions reached are, that while the drug has a definite action against malarial fever, accomplishing its end by destroying the specific organism, it is in all conditions less efficacious than quinine and has no advantage over it in any respect which would warrant its further use.

THE Woman's Hospital, located in Fourth and Lexington avenues, and occupying the block behind 49th and 50th streets, it is said, is to be sold to the N. Y. Central Road for \$1,000,000. The hospital will be removed to a site in the annexed district costing \$300,000, and much better located for hospital work. One of the conditions of the city consenting to the sale of the ground, which was originally given to the hospital through Dr. J. Marion Sims, the founder, is that the new hospital shall assign fifty free beds to the city for the use of invalids recommended by the aldermen. The surplus after the new hospital has been erected will be amply sufficient to supply the fifty free beds called for by the city. In view of the great good this hospital has accomplished in the short time which has elapsed since it was started, it is rather amusing to recall the coldness which everywhere met the enthusiastic founder among the profession, and the oft-repeated inquiry, "Where are you going to get your cases to fill the wards?" Not only have the wards been constantly filled, but a score of gynaecologists have their own private hospitals, which are the source of a large income to the owners.

ARE COLDS INFECTIOUS? This question is discussed by Mr. Hutchinson in the number of his *Archives* for December, 1891. He remarks that "colds" are capable of origination by influences brought to bear on the nervous system, and their secretions become infectious.

Thus many being from exposure to draughts or damp, and many others from personal infection. No distinction is to be drawn between the two; they are, as a rule, exactly alike. Those which arise from infection may, however, be developed into special virulence, and may then prevail as epidemics, which are attended by more or less individuality of type. Probably infection is the cause of by far the greater number of common colds. Infection may be believed to be always at work when a cold goes through the family.

IN the May issue of the *Hahnemannian*, we find a very interesting study of sulfonal by Dr. Clarence Bartlett, in which he aims to point out the definite sphere of action of the drug. Dr. Bartlett's conclusions agree with our own, that the sphere of action is markedly in cerebral neuresthenia especially indicated in low forms of disease, such as typhoid fever, pneumonia, etc., but contra indicated in organic changes of the brain or spine. Used indiscriminately for insomnia, no matter what the cause, it will prove an uncertain and disappointing drug.

THE question of so far legalizing prostitution as to place it under police surveillance and careful medical inspection as a protection to public health, has frequently been agitated in this country, but public opinion has been so strongly against the enactment of laws similar to those in force in many European countries, with it is thought public benefit, that the experiment has never been tried. In Italy these laws were in force during the Crispi administration, but abolished in 1888 on the change of administration. The change was followed by such a large increase in the prevalence of venereal diseases both in the army and among the public, especially in large cities, that in 1891 the original laws were restored to the statutes of compulsory examinations of prostitutes and the detention in the hospitals of the diseased for treatment. The registration and examination of prostitutes, placing them under the surveillance of the police, in all the European countries where adopted, has proved a great protection to the public from the ravages of a loathsome disease.

A MERICAN INSTITUTE OF HOMOEOPATHY will meet in Washington, D. C., at Cornwall Hall, June 13th, and continue its sessions daily till Friday, June 17th. The meeting of this national society will undoubtedly be an unusually interesting and important one, more especially in view of the large representation from every department of our profession, which will visit the Columbian Exposition in 1893.

#### BIBLIOGRAPHICAL.

VORLESUNGEN ÜBER EXPERIMENTELLE PHARMAKOLOGIE UND KLINISCHE THERAPIE. By Prof. Mariano Semola, Professor of Experimental Pharmacology and Therapeutics in the University of Naples; Physician to the Hospital "Gli Incurabile" and Senator of the Kingdom. Translated by Dr. Alfred del Torre, with a Preface by Prof. Nothnagel, of Vienna, Austria, 308 pages.

The genial author of this work, the scholar of Bernard and Rousseau, presents in a fascinating manner, in twenty-nine lectures, given before the students at the University of Naples, Italy, the subjects of experimental pharmacology and clinical therapeutics. The interrelations of materia medica, pharmacology, chemistry, botany and practical therapeutics are explained in a way which easily keeps one's interest from beginning to end. The sources of clinical medicine, the experimental method are considered, the importance of remedies, their action, both alone and combined, and the consecutive practical relations and results, their difference in action in various constitutions, their active principles, the best manner of their administration, the most appropriate time for their administration, and the reaction of the organism under different diseased and normal states, are all presented and handled in a manner truly charming. Chapters are devoted to the various and most appropriate vehicles, excipients, etc., to the prac-

tical importance and study of incompatibles, physical, chemical and physiological, immunity, and pharmacological, therapeutical and pathological incompatibility. The various methods of action and application of remedies, mechanical, therapeutic, tonic or elective antagonism of drugs is admirably handled. The different methods of treatment, symptomatic, thologic and specific are dwelt upon, and, in short, the influence of remedies upon the diseased and normal organism in the various diseases, and their relations and correlations. In his closing words the writer places the clinic and clinical observation before all, the laboratory only explains and supports this the true basis of medical progress. In addition are given the lecture given at the opening of the Therapeutic Clinic at the University of Naples in the year 1886-1887, and his speech before the International Medical Congress, in Washington, in 1887. The work is one which every educated physician should possess, and is, indeed, the production of an enthusiastic and mighty leader in the march of our science. The German translation is headed by a hearty and warm preface by Prof. Hermann Nothnagel, of Vienna University.

F. H. P.

THE ELECTRO THERAPEUTICS OF GYNECOLOGY. In Two Volumes. By Augustin H. Goelet, M. D. Physicians' Leisure Library Series. Geo. S. Davis, Publisher, Detroit, Michigan, 1892.

Part I. is devoted to electro-physics and electro-physiology, and includes electro-physics, galvanic current, Faradic current, static electricity and its currents, apparatus, etc.

Part II. discusses electro-therapeutics, and includes the disorders of menstruation, diseases of the uterus, diseases of the appendages and broad ligaments, pelvic tumors and electrodes for gynecological work. On the part devoted to electro-therapeutics, the author has given the results of his own large clinical experience, following the teachings of Apostoli only when found satisfactory. The author has undoubtedly given in a small space one of the most practical and useful works on the subjects treated yet published.

PYE'S SURGICAL HANDICRAFT. A Manual of Surgical Manipulations, Minor Surgery and other matters connected with the work of House Surgeons and Surgical Dressers. First American from the Third London Edition. Revised and Edited by T. H. R. Crowle, F. R. C. S. New York: E. B. Treat, 5 Cooper Union.

The title gives a fair idea of the general plan of the work. We have seen nothing better for the student, especially those engaged in hospital work. The information is so clear and concise as to prove invaluable to the training school, the hospital, and the young physician.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By R. C. M. Page, M. D. New York: Wm. Wood & Co., 1892.

The author, while he has given the chief points in pathological anatomy, has avoided entering into minute detail, which can be obtained from more extended works. The diagnosis and treatment are concisely and intelligently given in a conversational or clinical manner, the precise prescriptions being frequently stated. The work is evidently the outcome of a practical mind and successful practitioner.

DISEASES OF THE NERVOUS SYSTEM. By I. M. Osmerond, M. D. Philadelphia: P. Blakiston, Son & Co., 1892.

This duodecimo volume of 350 pages, as an introduction to the minute study of nervous diseases and an outline map of territory to be acquired, will prove of great value, not only to the student but to the general practitioner, in the condensation of facts clearly stated and the outline map it gives of every subject treated.

## CORRESPONDENCE.

## To the Editor of the NEW YORK MEDICAL TIMES:

"Faultfinding is easy" is a trite and true axiom. Still, with your permission, I venture a slight criticism upon the article headed "Adulteration of Alcoholic Liquors" in the May number of your able journal. The author says "Not drunk but poisoned is the proper diagnosis of the condition of a majority of men who may be seen straggling on our streets," etc. \* \* \* "The liquor he has swallowed is in most cases a decoction of poisonous drugs; the brandy, whiskey or beer is adulterated," etc.

Now, in view of the fact that alcohol itself is a powerful poison, and one that probably does more harm than the aggregated harm of all other poisons, this statement seems well adapted to mislead.

What does the word "drunk" mean? Simply to be intoxicated, to be *poisoned*. The author speaks of the desirability of having pure alcohol; yes, it should be pure; but the *purer* it is, the more powerful, the more poisonous. We hear much complaint among those who use alcoholic beverages, of being "drugged"—of strychnine in whiskey, etc.

In the light of recent developments regarding the antidotal power of strychnine over alcohol, it seems a great pity that the custom of mixing the two poisons is not more common.

This cry for pure stimulants is chiefly the cry of the wanng beast in man.

"The ingenuity of man has always been dedicated to the solution of one problem—how to detach the sensual sweet, the sensual strong, the sensual bright, etc., from the moral sweet, the moral deep, the moral fair; \* \* \* to get one end without another end. \* \* \* Men think that to be great is to possess one side of nature—the sweet, without the other side, the bitter.

"\* \* \* Up to this day, it must be owned, no projector has had the smallest success."—[EMERSON.]

I admit that alcohol, when rightly used, may be a necessity; but abused as it is, and ever has been, whether the world would not do better without it, is still *subjudice*.

CRITICUS.

## TRANSLATIONS, GLEANINGS, ETC.

## RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

**Catheterization of the Eustachian Tube in Fainting and Similar States.**—Dr. Carl Taker, of Gratz, Austria (*Wien. Med. Presse*, No. 25, 1891), noticing the great hyperemia of the face following catheterization of the eustachian tube, undertook to use this procedure in conditions marked by cerebral anemia, as in fainting, etc., and has obtained astonishing results. He also suggests its application in threatening conditions during anesthesia. Dr. Bayer (*D. Med. Woch.*, No. 24, 1891) publishes almost simultaneously a case of severe fainting, of hysterical origin, lasting thirty hours, which was brought on by concussion, where catheterization of the eustachian tube brought the patient at once to consciousness.

**Olive Oil in Large Doses in Ileus.**—Dr. Mitchell (*La Semaine Méd.*, No. 51, 1891) has used large doses of olive oil with success in the treatment of eight cases of intestinal obstruction. Seventy grammes ( $2\frac{1}{2}$  lb.) of oil are taken every two hours, or even more frequently. One patient took 500 grammes (16 lb.) during one night, another a litre (a quart) in a few hours. An improvement took place in from three to twenty-four hours.

**Tarantula Cubensis in Carbuncle.**—Dr. J. L. Coombs, of Grass Valley, Cal., writes as follows to the *Medical Summary*, Feb., 1892: In August, 1890, Dr. Henry Davis (retired), aged 77, sent for me. He had, over the lower external third of left scapula, a carbuncle, four inches by three of induration, and reddish-blue areola extending still further. Higher up, with another circumscribed area, was another smaller one, having about three-quarters of an inch of induration and the red areola, and black spot in the center. This latter was said to be of three days' duration; the former of about one week, and it also had the "black core" center. As he stripped he remarked: "I suppose the core must slough out after crucial incision, or somehow." He had been poulticing. I explained my desire to trust to constitutional treatment entirely, telling him the remedy and reading some of the literature. To my surprise and pleasure he not only consented, but desired the treatment. From that time on, only a compress, moistened by water at any pleasant temperature, was placed over the inflamed and indurated parts. He received two grains of the sixth decimal trituration of tarantula cubensis, obtained from Boericke & Tafel, of Philadelphia. In addition, he was left four similar powders, with directions to mix one and dissolve in four tablespoonfuls of water, and take one teaspoonful for a dose every three hours until he became conscious of a cessation of pain and lessening of fever, and promotion of general comfort, when he was to discontinue so long as improvement remained apparent. When the amendment ceased he was directed to take another dose, and continue until again feeling better, when the medicine was again to be stopped. A fresh solution was to be made every twelve hours, and used in the same manner.

Next day the old gentleman walked into my office smiling, and said: "Well, I suppose that wasn't a carbuncle after all—ha, ha!" When he undressed it I was surprised to see that the black gangrenous core-center of the more recent and smaller one had disappeared; the temperature was normal, save a slight areola near the gangrenous core-center of the larger one. His pulse was but 70; it had been 120 the day before. Temperature in axilla was but 90°; it had been 103 $\frac{1}{4}$ ° day before. An aborted case of true anthrax seemed plainly before me. A slight suppurative excoriation without sloughing where the black spot had been on the larger one was all that remained. This healed by simply preventing friction; no attempt was made to use antiseptics locally.

About a fortnight after recovery he called again, and in his dry, humorous way said: "Guess I'm going into carbuncles all over now, way' feels and what wife says." Upon his undressing, I found by actual count that there were twenty-seven miniature anthrax, every one with a black core-center, scarcely perceptible areola, and but slight induration at base of every one. We theorized that he had taken more of the tarantula cubensis than had been needed for curative purposes, and the poison had eliminated itself, partly at least, in the region primarily affected by the carbuncles. The old gentleman is in good health since, save some prostatic annoyances and inguinal hernia.

I feel satisfied that we have an absolute cure in this poison for any case of anthrax where the black core-center is early marked. Analogous conditions, as malignant abscesses and poisoned wounds, may be included within its reach. Like other remedies, it is no specific for a disease by nomenclature, but certain conditions and trains of symptoms very likely to arise in many cases, will be benefited, if not cured.

No physician who can procure the pure tarantula poison, diluted as I used it, need fear results, only he must use no other medicine whatever, or no true test can follow.

**Chloride of Gold in Chronic Tobacco Poisoning.**—Dr. E. M. Hale (*New Remedies*, Jan., 1892) reports the case of a man who had indulged so freely in tobacco that he be-

came exceedingly prostrated, and developed a condition almost akin to incipient delirium tremens, and with severe gastric irritation, pharyngitis and great cardiac weakness and irregularity. He had tried a number of times to give up the habit, but suffered from the most distressing insomnia, irritability of mind and insatiable craving for tobacco. After trying several remedies in vain, Dr. Hale prescribed the chloride of gold and sodium, one-sixtieth of a grain before each meal and on going to bed. A complete recovery followed. The author has also used the remedy in the treatment of the morphia habit. It does not do away with the desire for morphia at once, as it does in the tobacco habit.

The secondary symptoms of gold resemble the disorders under consideration. They are depression of spirits, plaintive, tearful, melancholy, desirous of death, restless, anxious, timid, disagreeable, getting into quite a rage at the slightest contradiction, wanting to quarrel and going into the most violent passions, or apathetic, indifferent, with complete loss of will and memory. Gold causes serious defects of vision, amaurosis, anemia of the optic nerve, dimness of vision, hemiopia, double vision and asthenopia. The symptoms of the throat, mouth and tongue, also the gastric symptoms, closely resemble those of tobacco when used to excess. It will cause impotence and sterility by its secondary action. The cardiac symptoms bear a striking resemblance to those of tobacco. Witness the extreme tightness of the chest, with difficult breathing at varying times, great weight on the chest, in the region of the sternum. Pain in the heart, with constrictive sensation, with pain running down the left arm; wakes with intermitting beating of the heart. Waking with palpitation of the heart he feels the throbbing all over; a restless anxiety arising from the region of the heart, he can not remain quiet; arms and legs numb, and as if asleep, with a weary aching.

Wakefulness, insomnia, or the sleep is broken by starting, waking as if frightened; moaning and crying in sleep, with unpleasant dreams. The "persistent coldness of the hands and feet with dampness; the constant internal chilliness and inability to keep warm; the great liability to catch cold, great sensitiveness of the body to all kinds of pain, so that the very thought of pain is almost the pain itself." For all the conditions above enumerated, we must use not less than 1-100th of a grain several times a day.

**Dilatation of the Sphincter Ani for Chronic Constipation.**—According to Dr. Beer, dilatation of the sphincter ani is the best treatment for chronic constipation. In practicing the manipulations proceed gradually, both as regards the duration of the sitting and the amount of force exerted. Attention should be paid during the dilatation to the rythmical contractions of the sphincter, which are partly provoked by the respiratory movements and partly result from automatic reflex nervous influences. In most cases considerable improvement was manifested even after eight or ten sittings. Although previously large doses of purgatives were required, defecation soon became regular, and small hemorrhoidal nodules disappeared.

**Warm Water as a Sedative.**—Warm baths, as is well known, produce a calming effect, and tend to bring on sleep, and Alldorfer (*Journ. de Méd. de Paris*) has attempted to apply such a method in patients where a sedative effect is desired and yet where a bath is inapplicable. His method consists in wrapping the lumbar region and belly with linen cloths soaked in warm water, and then covering them with rubber cloth or oiled silk, so as to prevent evaporation, while the whole is kept in place and loss of heat prevented by a flannel cloth. This procedure is of ready performance, and the author says that by this simple means he has obtained the most astonishing results in the treatment of insomnia. By dilating the large vessels of the intestinal tract, by the warmth applied, a con-

dition of anemia of the brain is produced, favoring sleep. These large intestinal vessels have very properly been termed the waste-gates of the circulatory system.

**Coronilla Varia in Nervous Disturbances of the Heart.**—According to the *Medical Record*, a new heart tonic of especial value in nervous disturbances of the heart is tincture of coronilla varia, in doses of from five to fifteen drops.

**A New Preparation of Iron, a Specific for Anæmia.**—Reynold W. Wilcox, M. A., M. D., professor of clinical medicine in the New York Post-Graduate School and Hospital, read a scholarly paper entitled, "Anæmia, its Treatment with a New Preparation of Iron," before the section in general medicine of the New York Academy of Medicine, April 19, 1892, which was published in the *New York Medical Journal*, May 7, 1892.

The author reports the clinical history of twelve cases of anæmia which he has treated with the most gratifying success by Weld's syrup of chloride of iron (Parke, Davis & Co.'s).

The conclusions of Dr. Wilcox are:

In anæmia iron is by far the best remedy.

Of all preparations the tincture of iron chloride is the most valuable.

The official tincture is objectionable in that it excites nausea, disgust and vomiting, stains and destroys the teeth.

These disadvantages are obviated in Weld's syrup of chloride of iron.

In removing these disadvantages its therapeutic efficacy is not in any way impaired.

**A Means of Arresting Congestion About the Anus.**—At a meeting of the New South Wales branch of the British Medical Association (*Australasian Med. Gazette*, September, 1891), Dr. C. A. Edwards read some notes on the above subject, in which he said:

"In the first place, it is an axiom, of which we must not lose sight, that in following the reasonable dictates of nature we are usually on the safe side; and I would appeal to you as to whether it is not obvious that the squatting position is by far the more natural for the by no means unimportant act of emptying the lower bowel.

"It has been taught in the schools from time immemorial that the muscles of the abdomen are those principally concerned in the act of expulsion, but I would point out that in the position I advocate the muscles on the front of the thigh act most importantly as a help, by reason of the pressure that is exerted between them and the abdominal structures. Then, gentlemen, it is an old dissecting-room joke that the rectum, like the street in Jerusalem, gets its name by reason of its curved shape. It is called *straight*. Now, in the squat position, it assumes a far more proper course, and is more perpendicular than in the usual sitting posture. This squatting position is not confined to man only, but is assumed more or less by all the mammals that can with any ease alter their rectal line. The quadrupeds, the dog, the cat, and, let me add, even the larger cattle, though unable to squat, do nevertheless so arch the back as to raise the inner end of the rectum to a very considerable degree. In the hope that you will admit this, I would ask you next to consider why this is of importance.

"It is obvious that the rectum, besides functions appertaining to all bowel (and I may here remark that those functions are low in the rectum and decrease rapidly towards its outlet), is practically a receptacle for the accumulation of effete matter, and it is the sense of fullness that causes us to desire a stool. The act should consist practically in emptying the rectum. I put it, then, is not this an act that should be performed with the utmost ease, and in a few seconds? I myself feel certain that a natural ejection should not occupy more than ten seconds, with an immediate sense of complete relief—relief that should re-

quire no straining to empty any portion of the bowel. I would like to say that the pouch-like enlargement of the rectum that occurs in later life may be due to artificial habits of restraint, or, what appears to be far more likely, may be the outcome of rarely absolutely and entirely emptying the sac in the constrained position of sitting up.

"There is yet another point to notice, viz., that of cleanliness. Our conditions of life render it imperative that we should guard against filth, and we all know that this requires the use of cleansers after this act. But, I would ask you, what animal in a natural condition is liable to an accumulation of filth from this necessary daily act? Then comes the question, 'Why?'

"If you will notice the horse, and I instance the horse as by no means the most perfect type, you will observe that while the excrement passes it comes in contact with no true skin whatever. By true skin I mean that which is not mucous. As a matter of fact, the lower bowel is, so to say, everted, and in the passage of feces the mucous membrane itself is forced out and guards the skin from contact. After the act the mucous membrane is at once turned in, taking any atoms back that may adhere.

"I must now ask you to believe me when I assert that in several cases that I have investigated myself, where men have for years lived in the New Zealand bush entirely alone, and again where I have asked for a continual note of the facts, that in the habitual use of this, the position I advocate, there is little or no adhesion of matter to the body after action, and note also that the whole act takes an incredibly short time in comparison to what is really often, in this respect, the labored trouble of our city routine.

"I have investigated as far as possible in the Regent's Park Gardens, in Paris, and, in fact, wherever I have had opportunity, and those also who have watched me assure me that my idea is not a fancy, but that all the animals, as I mentioned above, are not only anxious for the position, but where they can not obtain it, then, and then only, they often become dirty.

"I am not so young, gentlemen, as to imagine for a moment that anything I can say, that anything we could all say, would bring about a change in this matter, as far as society in general is concerned; but in the same way that we have to combat stays and corsets, badly adjusted weight of clothing round the waist, high heels and other artificial aids to illness, so also we may at least recognize the fact that here again we have a constant infringement of nature's laws. We at least may have an occasional opportunity of adding this suggestion as regards position to the patient who comes to us with anal congestion, and I feel certain that often it will be of use. In India the Government has so far recognized the native habit as to erect low seats, or seatless closets, for the conquered race.

"I should like to have dwelt more fully upon many points, specially the actual reason for the cleaner result in the squat position, but your knowledge of anatomical action will solve that at once."

**Cocaine and Its Dangers.**—At a recent meeting of the French Surgical Society, the question of the dangers of small doses of cocaine, given subcutaneously, was discussed. Quénau has employed it in sixty-seven minor surgical operations, as the removal of epitheliomata, circumcision, operations for hydrocele, etc., and observed, by injection of three-sevenths cgms. subcutaneously, several cases of poisoning, which disappeared after a time, without any lasting results. More severe symptoms appeared from injection of five cgms. of the drug into the skin and one cgm. into the tunica vaginalis, as contracture and anesthesia of the extremities, violent pains, disturbed respiration, dilation of the pupils, finally, threatening collapse. All these symptoms finally disappeared except the weakness, which continued for a long time. He closed by advising never to

exceed ten cgms. in injections. Schwartz has used the drug in over 300 cases and without a single poisoning case. He employed very small doses, especially when he operated on the face or trunk. When operating on the extremities, he first used an Esbach bandage, in order to prevent too rapid diffusion of the drug. On the extremities he uses five-sevenths cgms., and in the face and trunk, five cgms. as a maximal dose. The dose varies according to the individual and locality where the operation is to be performed. At all events, it should never exceed seven-eighths cgms. Regnier also uses very small doses and only in heart diseases has he had difficulty with the drug. A man with a dilated heart was given one cgm. and threatening syncope followed. The same dose administered to a patient suffering from mitral insufficiency produced paleness of the face, slow pulse and asphyxia, as well as deep syncope. These soon disappeared but other heart symptoms persisted, which led to the patient's death, a month after. Réclus doubts if there is a dose fixed which may be given subcutaneously without danger. He even questions the advisability of using cocaine in surgery. The entire literature presents, according to him, fifteen cases of poisoning by cocaine with a fatal determination. Of these, two may be excepted at once, as 1.00 and 1.50 grams respectively, were taken internally. Three other cases are also not to be reckoned, as the poisoning was due to inhalation of an unknown quantity of a vaporized solution of cocaine. This method of treatment should be dropped. Hence there remain nine cases of fatal poisoning. Five of these may also be rejected at once, as enormously large doses were given. In two cases twenty-two cgms. of cocaine caused death. Twenty-two cgms. is an unnecessary dose, for much smaller ones will suffice. Doses of twenty cgms. and over, are not only dangerous but entirely unnecessary, for one can perform capital operations, as gastrotomy, castration, etc., with twelve cgms. Two cases have been published where the dose was under ten cgms. One case, that of Abadie, was a man, seventy-one years of age and sickly. Four cgms. were injected into the eyelid. In a second case, that of Bouchard, the dose was not less than ten cgms. and the patient's heart was not normal. Six cgms. dissolved in two gms. of water, are sufficient to cover quite a large field. The injection should not be made directly into a blood-vessel nor applied to a serous membrane. Pozzi has called attention to the fact already, two years ago, that one should not use more than five cgms. as an injection in surgical operations.—*Medizinische Neuwigkeiten*, No. 49, 1892.

F. H. P.

**A New, Safe, and Sure Method to Expedite Difficult Cases of Labor.**—Dr. Playfair, F. R. C. P., Professor of Obstetrics of King's College, London, writes in *Braithwaite's Retrospect* (Part III., Jan., 1891, p. 200, first two paragraphs) of an "entirely modern oxytocic by manual pressure applied directly to the uterus to increase the force of feeble pains, etc."

Dr. Marshall L. Brown (*Boston Med. and Surg. Jour.*, Feb. 4, 1892) says: It is something like ten years since I commenced the use of the herein described method of expediting difficult and retarded cases of labor with pelvic or breech presentations. I have made use of the same method in difficult labors with vertex presentations, since that time, when the presentation was a safe one, and, from any cause, the expulsive pains of the patient seemed inadequate for the delivery of the child. I have at times applied so much force as to be apprehensive lest some harm might come to the patient; but in every instance the patients have made speedy and perfectly satisfactory recoveries. From the experience I have had in the use of this method, I am satisfied that it is a safe, sure and satisfactory help in the delivery of difficult and retarded cases of labor, with either breech or vertex presentations.

Briefly, the method consists in applying a force synchron-

ously with the natural labor pains, by and through the hands of the obstetrician, so spread as to embrace as large a portion of the fundus of the womb as may be possible, and applied downwards and backwards in the direction of the axis of the pelvis.

The following are directions which should be remembered and followed in making use of this method:

(1.) As to the position of the patient. It can best be made use of when the patient is crosswise on the bed, in nearly the same position as when the forceps are to be applied.

(2.) The hands of the obstetrician should be so spread as to embrace as large a portion of the fundus of the womb as possible.

(3.) The force should be applied when the pain commences, gently at first, gradually increasing it to the end of the pain and should cease with the pain.

(4.) The force must be applied downwards and backwards in the direction of the axis of the pelvis.

Finally, certain precautions should be borne in mind in the use of this method:

(1.) It should not be used unless the presentation is a safe or deliverable one.

(2.) It should not be applied spasmodically by jerks, but with a gentle, gradually increasing pressure.

(3.) It should not be used unless the os uteri is dilated or dilatable.

Following the above directions, and bearing in mind the cautions given, this method will, I am sure, be found of great value in difficult and retarded cases of labor, and for the average general practitioner, safer than the forceps.

**How Criminals may be Detected.**—In his essay on "Criminology" in the *New Englander and Yale Review*, Mr. Arthur Macdonald enumerates the following peculiarities in cranium structure which have been found to be characteristic of criminals: 1, A frequent persistence of the frontal median suture; 2, a partial effacement of the parietal or parieto-occipital sutures; 3, a frequency of the wormian bones in the regions of the median and lateral posterior fontanelles; 4, the development of the superciliary ridges, with the defacement, or even frequent depression, of the intermediary protuberance.

**Cancer of the Tonsil.**—Dr. Onody showed, at a recent meeting of the Buda-Pesth Medical Society, an old man with a tumor of the right tonsil as large as a small egg, which gave but little trouble, and did not interfere either with respiration or deglutition. It was evidently a schirrus, but was not operated on account of the patient's great age and weakness. Subsequently Dr. Josef Neumann mentioned to the society that he had seen no less than three other cases of primary cancer of the tonsil in the Rochus Hospital.

**On the Therapeutic Value of Nerve-Stretching.**—By Dr. Archimede Mischi (*Il Raccolto Medico*, December 10, 1890). The writer comes to the following conclusions:

1. Nerve-stretching constitutes, by its manner of action, a special therapeutic process. This influence is felt even as far as the nervous centers and in the medulla oblongata in particular. A paralysis of sensation, with relative conservation of motility, is produced.

2. Nerve-stretching is an efficacious method of treatment in those cases in which the lesion is peripheric; hence, it is most useful in the treatment of the various neuralgias, tic dououreux, spasms, traumatic contractures and reflex epilepsy.

3. It must be condemned in tabes dorsalis and various affections of the medulla oblongata, in which it is never successful, often injurious and, finally, sometimes fatal.

4. It offers but the slightest probability of success in the treatment of tetanus.

Criticism of Mr. Lawson Tait's policy of spaying women in order to render them sterile, was made by Dr. Senn, of Chicago, who said:

"To me the indications which induced Mr. Tait to remove the ovaries and tubes in this case afforded abundant food for serious thought. There can be no question in my mind, and in the mind of any one who has the well-being and happiness of his fellow-beings at heart, that it was not desirable that the woman should again be exposed to the dangers of another pregnancy; but as a practical American it occurred to me that it would have been wiser to resort to the less hazardous procedure of unsexing her husband, which would have certainly secured the same immunity, at a minimum risk of life, and morally, would have been more justifiable. This poor creature had suffered untold agonies, and why submit her to such a serious operation to procure sterility, when the same object would have been reached without any danger to life by unsexing the other party."

**Flushing of the Uterus Following Delivery.**—Dr. Alexander Duke writes: In every case of labor I now attend I make it a rule to wash out the uterus directly the placenta has been expelled, either by expression or by the natural efforts, with hot water. The advantages claimed are:

(1) Stimulant to the patient; (2) Produces contraction of uterus, removing shreds of membrane, clots, etc.; (3) The prevention of after-pains; and last, but not least, setting the practitioner's mind at rest by insuring a permanent contraction of the uterus, and a clear and untainted cavity.

The facility with which the uterus can be washed out directly after labor is a strong argument in favor of the proceeding. An endeavor to do so forty-eight hours later will be found much more difficult and not nearly so effective.

In several cases which I observed while assistant master to the Rotunda Hospital, the sudden rise in temperature, sometimes accompanied with rigors, was entirely due to a portion of membrane or *débris* of some kind being retained *in utero*, discovered only when that organ had been flushed with hot water.

I am now so convinced of the value of washing out the uterus with plain hot water previously brought to the boiling point that I hope I shall be excused for saying, that in my opinion such should be made a routine treatment in all cases of labor and miscarriage, whether in hospital or private practice. The little additional trouble involved will amply repay the practitioner who adopts this treatment, by whom alone it should be done in all cases.

**Etiology of Consumption.**—From a careful study of 102 cases of consumption in the borough of Oldham, James Nevin finds a considerable amount of evidence to show the direct infectiveness of this disease. The great value of preventive measures is at the same time demonstrated, and this lesson is further enforced by the small evidence of heredity which these cases offered. The influence of bad houses in predisposing to the disease is clearly marked, and still more clear are the influences of a weak physique and of intemperate habits. Occupation *per se* is less of a factor than we have been accustomed to consider it; and the author therefore concludes that we can proceed with confidence to urge precautionary measures, such as we know to be of avail in averting disease.

**An Early Symptom of Whooping-Cough.**—Dr. Heguin, of Tourteron, affirms (*Union Med. Du Nord-Est*) that photophobia with dilatation of the pupil is a useful diagnostic symptom of whooping-cough in the early stage, before the cough has become characteristic. He cites three cases in support of this position; two of the patients were children and one an adult, and in all of them the symptom referred to preceded any other manifestation of the disease.

**Diagnostic Sign in Peritonitis.**—There is one sign, says Dr. B. T. Shimwell (*Jour. Am. Med. Asso.*, July 11, 1891), in the diagnosis of peritonitis that I think is conclusive in forming an opinion. I have found it present in all forms of peritonitis—the so-called idiopathic, tuberculous and post-operative. It is the absence of Douglas' *cul-de-sac* as felt through the rectum. Every one who has examined many rectums knows that when the finger is introduced to the anterior, after passing beyond the internal sphincter there is felt a mass that has the sensation as if the rectal walls had prolapsed; this is always pushed aside and the continuation of the canal followed. This mass is made by Douglas' *cul-de-sac*, which pushes the rectal wall downward. If the rectum is examined in a case of peritonitis, this mass will not be present. Instead, the finger will turn about in space and have to be introduced farther into the bowel; in some cases, pushing the anal surface upward to the roof made by the floor of the sac. This is most marked in the male. I have been unable to feel the floor of the sac, even when the abdomen was full of fluid and the belly walls excessively distended. This is due to the contraction of the mesentery, which draws up the rectum, obliterating in whole or in part the recto-uterine or recto-vesical space.

**New Method of Examination of the Digestive Organs.**—Dr. Sahli, of Berne (*Correspondenz-Bl. F. Schweizer Aerzte*, No. 3, 1891), has adopted the following ingenious procedure for determining the condition of the digestive functions: A pill containing about three grains of iodide of potassium is enclosed in a round sheet of very thin gutta-percha paper, the free margins of which are twisted in form of a bag and then fastened by a firm moist cord of fibrine, about one-eighth inch thick. The ends of the cord are brought together by a thread. The rubber sheet should be well covered with talcum, so as to prevent adhesion of the opposed surfaces. To protect the bag during swallowing, it is enclosed in a gelatine capsule. The author's object was to determine the time required for the iodide of potassium reaction to manifest itself in the saliva under various physiological and pathological conditions, this depending upon the rapidity with which the fibrine cord was digested and the iodide set free from its envelope. It has been stated that the manifestation of the iodide of potassium reaction depended upon the quantity of free hydrochloric acid in the stomach, but Sahli's experiments tend to show that the quantity of contained acid exerts less influence than has been thought. In like manner the administration of soda and pancreatic ferments in cases of deficient acid production, for the purpose of initiating intestinal digestion in the stomach, had no effect in accelerating the appearance of the reaction, and sometimes even delayed it. The reason of this was found to be that the acid and pepsin, or the pancreatic ferments, remained for too short a time in the stomach to exert any digestive action, being partly absorbed and partly passed into the intestines.

The value of this method in demonstrating the condition of the digestive functions is shown by some experiments made by Dr. Henne regarding the influence of pepper on stomach digestion. He found by chemical examination of the gastric juice that pepper administered in doses of 2½ grammes before meals had no essential effect upon the gastric functions, but that the iodide reaction appeared earlier if no pepper was given. Owing to the laxative effects of pepper, as demonstrated by these experiments, it is probable that it exerts a favorable effect upon intestinal digestion.

Dr. George Taylor Stewart, Chief of Staff, reports 834 patients treated at the W. I. Hospital during April, with a death rate of 4.68 per cent. For the four months ending April 30th, 2,407 patients were treated, with a death rate of 5.19 per cent.

**The Medical Guild of Misericordia, A. D. 1890,** is a society of medical men interested in the work of mercy for the sorrowing and suffering. The Guild comprises an order of Brothers and Associates, the former communicants of the Episcopal church, and the latter members of any Christian denomination. Further information regarding the order may be obtained by addressing W. Thornton Parker, M. D., Provost, Beverly, Mass.

**Influence of the Mind Upon the Body.**—Tuke, in his work on the above subject, says: In 1862, Mr. Woodhouse Braine was called upon to give chloroform to a nervous, hysterical girl for the purpose of having two tumors removed from the scalp. In order to accustom her to breathing through the inhaler before giving her chloroform, he placed it over her face and she at once began to breathe rapidly through it. In half a minute she said: Oh, I feel it, I feel I am going off. Immediately after she was found to be insensible to pinching and her muscles were flaccid. Both tumors were removed without her having taken a drop of chloroform, and after the operation she declared she had not felt a particle of pain. The doctor very facetiously adds: To the time she left the hospital she firmly believed in the potency of the anesthetic which had been administered.

In illustration of the influence of fear or apprehension upon the vascular system, the same author gives the following example, the case of a highly intelligent lady well-known to himself. Although the emotion had for its object another person, it none the less acted upon her own system:

One day she was walking past a public institution and observed a child, in whom she was particularly interested, coming out through a gate. She saw that he let go the gate after opening it and that it seemed likely to close upon him, and concluded that it would do so with such force as to crush his ankle; however, this did not happen. It was impossible, she says, by word or act to be quick enough to meet the supposed emergency; and, in fact, I found I could not move, for such intense pain came on in the ankle corresponding to the one which I thought the boy would have injured, that I could only put my hand on it to lessen its extreme painfulness. I am sure I did not move so as to strain or sprain it. The walk home—the distance of about a quarter of a mile—was very laborious, and, in taking off my stocking, I found a circle about the ankle as if it had been painted with red-currant juice, with a large spot of the same on the outer part. By morning the whole foot was inflamed, and I was a prisoner to my bed for many days.

**How to Remove Nitrate of Silver Stain from the Fingers.**—A correspondent of the *Scientific American* gives the following harmless process: First paint the blackened parts with tincture of iodine, let remain until the black becomes white. The skin will then be red, but by applying ammonia the iodine will be bleached, leaving white instead of black stains of nitrate of silver.

**Medical Journals in Paris.**—A report recently presented to the French Minister of the Interior states that 145 medical journals are published in Paris, whereas there are only 161 non-medical newspapers.

The subject of "Baking Powders" is receiving the attention of the *Sanitary Era*. From the array of testimony from physicians it would appear that these preparations are not in favor with the profession, and we can not understand how they can have such a sale with the public, when the medical advisers condemn them so severely. It is the duty of every medical man to do his utmost to suppress noxious agents of any kind. \*

## MISCELLANY.

—The Post-Graduate School has been so successful in its work as to render necessary enlarged facilities for the hospital, dispensary and the babies' ward under its charge. Five lots on the corner of 2d avenue and 20th street have been purchased, upon which speedily will be erected a large and beautiful fire-proof building.

—A quack doctor stood on his wagon at the street corner selling his cure-all. A group of people gathered about him and he undertook to explain to them the anatomy of the throat. "My dear friends," he began, "perhaps you don't know it, but there are two passages that go from the back of the mouth to the stomach. One is called the *esophagus* and the other *esophagi*. Now, the solid viands go down the *esophagus* and the liquids down the *esophagi*. Over the top of the holes is a cover with a hinge in the middle, and when you swallow beefsteak the little door over the *esophagus* flies open, and the little door over the *esophagi* drops down, and *vice versa* when you take a drink of coffee." This description proved too much for a farmer who stood on the edge of the crowd. Shaking with laughter, he remarked in a loud tone: "Gosh, but those doors must go flipper flopper when a fellow eats bread and milk!"—*Youth's Companion*.

—The *Medical Brief* says a combination of five parts of camphorated chloral, thirty parts of glycerine and ten of sweet almond oil, on a piece of cotton introduced well into the ear will relieve any ordinary case of earache.

—Dr. Bradley Jones recommends, in the *British Medical Journal*, a successful treatment of hemorrhoids by the application of calomel with the finger.

—Dr. Grewcock, in the *Medical Recorder*, recommends for constipation, in the place of glycerine suppositories or injections, a little ball of cotton wool, about as big as a hickory nut, saturated with glycerine.

—The smallest child which lived was born in Carthage, who weighed eight ounces and measured eight inches long. The child was healthy and strong and cried lustily.

—A law has been passed at St. Petersburg that a doctor who takes charge of an accident which he may happen to attend on the street shall be paid by the police in proportion to the importance of the case.

—Berlin is shortly to have a crematory, erected at the city's cost, in the Friedrichsfeld Cemetery, where bodies of the poor and unknown and of the subjects of anatomical investigation at clinics and hospitals will be reduced to ashes. The bodies from the anatomists' tables alone number about 1,000 annually. To further this practice the Berlin Society for Cremation has petitioned the Parliamentary Commission on the Civil Code that the choice between burial and burning be granted hereafter to every German citizen.

—Nothing takes the soreness from bruises and sprains as quickly as alcohol.

—In the practice of M. Verneul gangrene of the foot has in two cases followed the hypodermic injection of antipyrin along the course of the sciatic nerves.

—NOTICE IN AN ELECTRIC CAR.—All persons suffering from aneurism, abscess of vital organs, ovarian, renal or hydatid cysts, Pott's disease of the spine; all victims of valvular or fatty disease of the heart, and those predisposed to fatal "exhaustion" or "convulsions," will ride in this car at their own risk.

—Leucorrhœa is, according to Dr. Louis Bauer, often due solely to constipation, hence clearance of the bowels of their faecal contents is in many cases the chief and most effective treatment of that troublesome disorder.

—At a coroner's inquest the other day, a novel cause of death was brought to light. A little girl, eleven years old, was playing in the street with a penny toy balloon, and during a sudden inspiration this was drawn into the upper air-passages. Death from asphyxia resulted before medical aid could be summoned, and at the autopsy the balloon was found lodged in the throat.

—Surgeon Major E. Lawrie reports in the *Lancet* the cure of two cases of chyluria dependent on filaria (thread-worms) in the blood by treatment with thymol. It was administered internally in doses of one grain every twenty-four hours, gradually increased to five grains. This discovery is the more important because there has been hitherto no known remedy for the disease.

—In Germany chloroform water has been extensively used by way of gargling, since Loeffler, the discoverer of the diphtheria bacillus, recommended it as a prophylactic against that disease. Having been asked (*Apoth. Zeit.*), in what strength he was accustomed to administer it, Loeffler replied that he relied upon a cold saturated aqueous solution obtained by allowing chloroform to remain in distilled water. This, therefore, should henceforth be regarded as the proper mode of preparing the article.

—M. Grigorescu (*Union Méd.*) treats burns by applying a few drops of pure glycerin, followed by gentle friction. Moderate smarting is experienced, immediately succeeded by a kind of anaesthesia. Inflammation, which is the fatal symptom in these cases, is thus almost entirely prevented; moreover, the epithelium comes away by slow degrees, and the cicatrix is less marked. The affected parts should be kept constantly moist with the glycerin.

—Gelsemium tincture, in large doses, is reported to have cured two cases of traumatic tetanus. It is also spoken of as a good nervous sedative in all fevers.

—Last year the British Dental Association undertook the examination of a large number of school-children to determine the condition of their teeth. As a result a record was obtained of about twenty thousand teeth. They found in this number that about eighteen hundred temporary teeth required attention, while of the total number of children examined, there were only fifteen per cent. whose teeth were sound and called for no interference on the part of a dentist. A very large number of permanent teeth required filling. The authors of the report draw attention to the fact that by neglect of the teeth at the age at which children attend school, a large amount of unnecessary trouble and suffering arises in later years. A large amount of good would be done if the teeth of school-children could be systematically cared for by competent dentists.

—At a recent meeting of the Société de Thérapeutique, in Paris, M. Adrian read a paper on the variation of commercial opium in regard to the amount of alkaloids. From the examination of 38 samples he found that the morphine ranged from 7 to 13 per cent., while the narcotine varied from 0.10 to 3.97 per cent.; while according to the Codex it ought to be 2.5 per cent.

—Victor Horsley reaches the following conclusions in summing up a recent address on the origin and seat of epileptic disturbance: "Whatever be the point which the epileptogenous agency first attacks, we must conclude that the principal seat of the disturbance of a general or idiopathic fit must be the cerebral hemispheres, and especially their cortical mantle. Further, that the condition of the cortex during the attack is one of congestion, and not anaemia; and finally that in all probability this portion of the encephalon is actually the place of origin of the disturbance."

—Prof. DaCosta recommends hyoscine hydrobromate in the spasms of cerebro-spinal meningitis in doses of one one-hundredth grain.